

25th IFTA WORLD FAMILY THERAPY CONGRESS

OFFICIAL
BOOK OF ABSTRACTS

MÁLAGA,
SPAIN

MARCH 15 - 18, 2017



International Family
Therapy Association

PLENARY AND FEATURED SPEAKERS

FLORENCE KASLOW Ph.D.



*"The Evolution of Family Therapy Around the World"
30th IFTA Anniversary Speaker
and Founding President*

Florence Kaslow will open the 2017 Congress and help us celebrate IFTA's 30th Anniversary. She was the founding and first president of IFTA and served on its Board for 16 years. Her distinguished career includes being Past President and on the editorial boards of many important organizations that have influenced the history of Family Therapy. She has conducted workshops in over 50 countries.

Currently Florence is President of Kaslow Associates, a consulting firm; Director of the Florida Couples and Family Institute; and a Distinguished Visiting Professor of Psychology at the Florida Institute of Technology.

Dr. Kaslow is co-author of *Painful Partings: Divorce and Its Aftermath* (New York: Wiley, 1997) with Dr. Lita L. Schwartz. Most recently she wrote a chapter for the *Handbook of EMDR and Family Therapy Processes* (co-edited with F. Shapiro and L. Maxfield, Wiley, 2007).

CARLOS SLUZKI, M.D.



*The Family Process Institute
Distinguished Presentation:
"The Impact of Authoritarian
Regimes on Families... and on
Therapists"*

Dr. Carlos Sluzki is Clinical Professor Psychiatry and Behavioral Sciences, at George Washington University School of Medicine and Health Sciences. He is also Professor Emeritus at the Department of Global and Community Health, at George Mason University (2004 on, Emeritus since June 2014) and also at the School of Conflict Analysis and Resolution there (2002 on, Emeritus since June 2014).

A Distinguished Life Fellow of the American Psychiatric Association, Dr. Sluzki began his training at the Mental Research Institute (MRI) in Palo Alto, CA. He has served numerous journal editorial positions and has had an extensive involvement with the Pan American Health Organization (WHO). Dr. Sluzki has been a president, keynote speaker (including IFTA Congresses), a member of organizing and scientific committees in many professional congresses in the fields of Psychiatry, Mental Health, Human Rights, and Family Therapy in the US, Canada, Latin America, Europe, Asia, Africa and Australia. Carlos joins an IFTA Congress once again as a keynote speaker. Culture produces alternative solution of connectedness and integration.

PRE-CONGRESS WORKSHOP

CANSU ALÖZKAN SEVER



Cansu Alözkan Sever worked with the Association for Solidarity with Asylum Seekers and Migrants (ASAM) in their Multi Service Center for Syrian Refugees in Istanbul from December 2013-March 2016. After working as a clinical psychologist in the program for one year, Alözkan-Sever started to work as deputy program coordinator in September 2014 while she worked as a Mental Health and Psycho-Social Services Focal Person for all IMC-ASAM programs (in seven different multi service centers around Turkey). In April 2016, Alözkan-Sever started to work with International Medical Corps (IMC) in their Turkey Country Office as a Psycho-Social Officer.

The Meaning Behind The Practice: Mindfulness In Family Therapy Practice And Research

Anibal Torres Bernal- USA

Diana Mille- USA

Short Description: Mindfulness practices are grounded in a set of assumptions that present challenges to Western cultural norms and contemporary MFT paradigms. Unfortunately, therapists often utilize mindfulness without comprehension of the constructs that underlie it. Thus, this workshop will explore the theoretical basis for mindfulness and how it relates to MFT theories.

Abstract: Ever since the new millennium, the number of marriage and family therapists offering mindfulness-based interventions has increased dramatically. Scholarship on the subject is being published and presented with increased regularity. Additionally, popular media is frequently reporting on the benefits of mindfulness. However, the current popularity of the topic amidst marriage and family therapy researchers and clinicians is to some degree incongruous. Even though mindfulness practices are solidly grounded in a set of theoretical / philosophical assumptions about the human condition (i.e. consciousness), and with the exception of a few, these assumptions have received relatively little attention in marriage and family therapy scholarship and clinical practice. The pragmatics of mindfulness-based interventions (e.g. How is it done?) is of primary interest to both clinicians and researchers, rather than the context in which those contents are expressed, and the processes that inform their expression. Thus, clinicians and researchers often utilize mindfulness inspired interventions without comprehension of the underlying theoretical constructs of such interventions. This might be attributed to the fact that the study of mindfulness and its theoretical underpinnings present challenges to popular Western cultural assumptions, and to some established paradigms in marriage and family therapy, especially paradigms that emphasize the primacy of attachment, love, self-esteem and emotion as the guiding forces for relational well-being. Therefore, this presentation has three basic objectives. First we seek to theoretically define and characterize mindfulness, primarily drawing from the Theravada Buddhist traditions. The importance of this first goal lies in the fact that research on mindfulness has concentrated primarily on the effects of mindfulness training, typically as part of a clinical treatment program, and with less emphasis placed on understanding the meaning and expression of mindfulness itself. The second objective of the presentation is to place the concept of mindfulness within the context of foundational and contemporary of marriage and family therapy theories / practices. Finally, the workshop aims to articulate how mindfulness can be congruent with and successfully integrated into systemic practice and research.

Intimate Relationship Experiences of Female Adults from Divorced Families and Services in Hong Kong

Tsoi Mei Yip- Hong Kong

Short Description: Parental divorce has been linked to immediate and long-term impacts on children. This research looks into parental divorce and its impact on intimate relationship of adult female and services for divorced family in Hong Kong.

Abstract: Literature reviews over divorce and its impact on children's intimate relationship in adulthood are examined. In-Depth interview with 5 ladies are adopted to explore their experiences in a divorced family, their difficulties and strengths in developing intimate relationship in their adulthood. Their views of social services for divorced family are also explored. In this research paper, both positive and negative impacts of parental impact on female adult children are identified. It is inevitable to admit the effect of divorce on children, of which the intensity of influence is dependent on multiple factors observed (aged of parental divorce, marital quality, divorce arrangement and parent-child relationship etc) (Christensen & Brooks, 2001). Family background (parental divorce) and personal attributes (openness, motivation to seek help) appears to be rather precipitating factors for the intimate relationship problem; but other factors such as, the contextual (peer and cultural group one's belonged to, access to formal or informal support) and the prevailing ideologies on the "make-up" of intimate relationship interweave to co-construct the view of self, others and ultimately influence on one's love journey. In view of the emerging needs of divorce family and the changing family structure, a systemic view of family service for post-divorce family has been discussed to meeting with the arising needs of post-divorce family in Hong Kong.

Intergrating Theoretical and Practical Modalities in Healing Trauma: BFS Therapy and EMDR

Diana Mille- USA

Anibal Torres Bernal- USA

Short Description: Research recognizes EMDR as the first line of treatment for healing trauma. Unfortunately, the pervasiveness of trauma statistics suggests the need for more comprehensive, effective and diverse clinical and theoretical modalities to heal trauma. Thus, this presentation will explore the Integration of Bowen Family Systems Therapy and EMDR.

Abstract: Ever since the advent of EMDR, there have been numerous studies surrounding its efficacy in treating trauma. There remains, however, a fracture in the exploration of integrating theoretical and clinical modalities that have the capacity to reduce trauma's staggering statistics. This presentation explores the theoretical and clinical applications of integrating Bowen Family Systems Therapy and EMDR in healing trauma within the systems paradigm. The most obvious clinical benefit of merging these scientific and human-centered models resonates around Bowen's construct, the genogram, an effective diagnostic tool that provides therapists with valuable insights into accessing trauma. Functioning as a schematic diagram conveying intergenerational patterns, the genogram provides a comprehensive list of individuals, family members and their relationships, a map of diagnoses, developmental stages, and significant life events that offers therapists and clients with an understanding of relevant therapeutic material including: attachment issues; communication patterns; emotional boundaries, and relational conflicts. The information culled from the genogram provides trauma therapists with the ability to make accurate and necessary connections between the emotional reactivity in the client's present and previously unprocessed traumatic memories. The overlapping theoretical framework in Bowen Family Systems Therapy and EMDR exposes, more succinctly, the presence of unresolved reactivity, internal and external polarities, differentiation of Self, recognition and healing of anxious attachment, the I-position, the "all-important" function of triangles (created by friends, family and even memories), and the role of the therapist, all of which enhance the efficacy of EMDR. Similarly, Bowen Therapy and EMDR also posit that anxiety, frequently caused by toxic traumatic memories, threatens psychic equilibrium, thus recognizing a need to explore systems dynamics, rather than to explore symptomology alone. To put it quite simple, our presentation explores the notion that one's perceptions of the present are linked to the networks of unprocessed memories informed by earlier dysfunctional beliefs and patterns, emotions, and sensations perpetuated by generations. Finally, this presentation considers how accessing memories, combined with questioning techniques, stimulation, and transforming this information into adaptive resolution by two "seemingly" different modalities offers a comprehensive approach to healing a "world of trauma."

Understanding and Working with the “Hook Up Culture”

Gabrielle Carey- USA

Short Description: Sexuality is evolving how Western Society has embraced the shift with accepted new views of “Social Norms”. Adolescents have increased promiscuous and adventurous behaviors. This presentation will discuss the misconceptions of the Hookup Culture with providing a framework to systemically address sexuality exploration difficulties causing disruption within their social context.

Abstract: Many people are now becoming in tuned with their sexual identity, labeling themselves as heterosexual, homosexual, or bisexual. By the time students reach college age, most U.S. men and women have engaged in sexual intercourse. Dominant discourse is culturally generated stories about how life should go. The Hook Up Culture challenges the way the “norm” views how a relationship should look; a person should not be involved with multiple partners, not committed to one person, having multiple sexual partners before marriage and so forth. Sexuality is evolving how Western Society has embraced the shift with accepted new views of “Social Norms”. Garcia et al (2015) identified that across gender, ethnicity, or sexual orientation nearly all adult Americans experience some sort of sexual encounter/activity and that “brief uncommitted sexual behaviors” are extended outside of just heterosexual relationships to including also same sex relationships. Adolescents have increased promiscuous and adventurous behaviors. Brief uncommitted sexual encounters among individuals who are not romantic partners or dating each other (Garcia, Reiber, Massey, Merriwether 2012). This presentation will discuss the misconceptions of the Hookup Culture with providing a framework to systemically address sexuality exploration difficulties causing disruption within their social context. Dating is a healthy part of development for majority of adolescents and young adults, but may result in unhealthy outcomes for a subset of youth who experience (difficulties) in their early relationships (Yarkovsky, N., & Timmons Fritz, P. A. (2014). The aim of this presentation is to explore adolescent sexuality and the possible effects. This presentation relates to the symposium by encouraging individuals to work collaboratively while breaking down the barriers to the understanding of sexuality in the present culture's context and reality. The presentation provides insight with the attempt to decrease the chances of unwanted and unplanned pregnancy, sexually transmitted diseases, and educate the community on the shift of sexual norms.

The Dimensionality of the Differentiation of Self

Zeev Appel - Israel

Arie Cohen - Israel

Short Description: The major objective of the present study was to suggest a systematic definitional framework for the differentiation of the self-domain, and to develop a questionnaire for empirical measurement of the level of interpersonal differentiation between members of a couple.

Abstract: The major objective of the present study was to suggest a systematic definitional framework for the differentiation of the self-domain, and to develop a questionnaire for empirical measurement of the level of interpersonal differentiation between members of a couple. Three basic facets were distinguished: behaviour modality (affective, cognitive, and instrumental), referent (person and partner), and type of relationship (fusion, balanced, and cut off), and the range is ordered from very high to very low differentiation of the self. Based on the above-mentioned facets a mapping sentence was composed which served as a basis for constructing a 54-item questionnaire of differentiation of the self. Based on a sample of 170 couples the results supported the hypotheses concerning the structure of the domain. The similarity of the results obtained separately on self-concept and perception of the partner, provided further support for the definitional framework suggested.

A Test of Family Systems Therapy for Substance Using Mothers and their Children

Natasha Slesnick - USA

Short Description: Family therapy can address stressful parent-child interactions leading to better long-term outcomes. In this randomized clinical trial, women in family therapy showed better substance use outcomes than those in the non-family therapy control, and change in mother-child interaction was linked to changes in substance use.

Abstract: The typical woman in a substance use treatment program is single and has at least two children in her care. Programs that involve family members hold the greatest promise for women with drug and alcohol problems. For example, family systems therapy has shown to be a powerful adjunct to substance use treatment for couples and for adolescent substance users. However, studies including children (8 -16 years) in the treatment of their substance using mothers have been overlooked and are essentially non-existent. Given that interpersonal stress has been associated with a greater risk of relapse, addressing the quality of the mother-child relationship and communication through family systems therapy may prove to be a potent intervention focus for improving mothers' substance use outcomes as well as parent-child interaction. As such, the current study recruited 183 mothers who sought outpatient treatment through a local substance use treatment facility and randomly assigned them to also receive family systems therapy or a non-family therapy control, Women's Health Education. Self-report and observational data were collected, and assessment interviews were completed at baseline, 3, 6, 12 and 18 months post-baseline. Findings showed that women assigned to family systems therapy showed a quicker decline in alcohol, marijuana and cocaine use, supporting the efficacy of family therapy as an important addition to mother's substance use treatment plans. Data also revealed an association between change in observed autonomy-relatedness and substance use. This study offers a unique contribution to the substance use treatment literature, showing that offering family therapy for mothers and their minor children improves the mothers' substance use outcomes and can provide relational support to both the other and child. The findings support a broad literature concluding that family therapy is not only a viable substance use treatment option, but may be among the more effective substance use treatments. It is recommended that substance use treatment facilities engage minor children of mothers who seek substance use treatment.

Post-Divorce Adjustment

Aysegul Sayan - Turkey

Short Description: In this study, it is aimed to determine the predictors of post-divorce adjustment and its dimensions with its course in a Turkish population. With participation of 504 divorcees, multiple linear stepwise regression analysis findings were reported.

Abstract: In this study, it is aimed to determine the predictors of post-divorce adjustment and its dimensions with its course in a Turkish population. With participation of 504 divorcees in this study, Fisher Divorce Adjustment Scale, Divorce Beliefs Scale, which was developed in this study, and Personal Information Form was used. According to multiple linear stepwise regression analysis findings; it was found that variables such as divorce beliefs, social activity participation, finding divorce decision accurate, gender, having friendship support, time since divorce are predicting post-divorce adjustment significantly. It was found that variables such as divorce beliefs, social activity participation, having relative support, gender, having friendship support, finding divorce decision accurate are predicting grief dimension significantly. It was found that variables such as divorce beliefs, finding divorce decision accurate, initiator status, seeing ex-spouse, perceiving marriage as happy, time since divorce, social activity participation, relationship with ex-spouse, gender are predicting disentanglement dimension significantly. It was found that variables such as divorce beliefs, social activity participation, finding divorce decision accurate, having friendship support, relationship with ex-spouse, new romantic relationship are predicting self worth dimension significantly. It was found that variables such as relationship with ex-spouse, social activity participation, divorce beliefs, gender, professional support, time since divorce, having friendship support are predicting anger dimension significantly. It was found that variables such as new romantic relationship, divorce beliefs, gender, social activity participation, working, education are predicting trust and intimacy dimension significantly. Furthermore; as according to time since divorce, there was a decrease in post-divorce adjustment, grief dimension, self worth dimension and anger dimension with different inclinations, disentanglement points first increase and then decrease, and trust and intimacy points first decrease and then increase. It was found that differences between groups according to the time since divorce was significant for only the anger dimension. The findings were discussed in the light of literature and recommendations were made.

The Threat Of Amorphous Parenthood On The Sustainability Of Blended Families

Cheli Bolless - Israel

Short Description: Very frequently, couples of blended families face crisis in their relations as a result of amorphous parenthood boundaries. In my presentation I would like to share the holistic treatment approach which I am using in such cases and the lessons from that experience.

Abstract: In the last several years I have been approached by increasing number of couples of blended families that approached family counseling as the last resort before divorce. Very frequently the reason was difficulties to cope with what they described as "amorphous parenthood boundaries". In all those cases, the couple was so busy to build their own relation, they forgot that they were not alone in the game. Their illusion was that love will solve everything. The cracks kept coming up with the children of both sides who resisted guidance and authority by the participating partner. This amorphous situation increased the tension at home and was pushing the couple to the brinks of divorce. In my presentation I would like to share the treatment approach which I am using in such cases and the lessons from that experience. If amorphous situation is identified, we start to work on building a "Joint Parenthood Charter" (JPC) which will defines precisely what type of parenthood they prefer and what role is each of them taking regarding his children and his mate children. Once the couple has reached a JPC, we are drawing a "Players Map" of all the other partners in the extended family who might play a role in the game. The divorced partners of the couple should be brought into the process since they also play role regarding their biological children. In absence of the divorced partner (death or absentee) their parents (the children grandparents) might be important players who should be brought into the process. In several cases, the school system (counselor, teacher) was also incorporated into the process. My lessons: When the couple bonding is strong and the parenthood is the major cause for the crisis, the first target should be creating a JPC. Once such charter is in place, the second circle around the family should be brought into the process in order to create a consistent and sustainable authority environment around the children.

Effects of Multigenerational Trauma Exposure on Children and Parents

Judith Siegel - USA

Short Description: This study examined the well-being of 2,282 families with young children in Shanghai, China, comparing marital satisfaction, parenting experiences and the children's internalizing, externalizing and somatic symptoms in families whose parents had been exposed to potentially traumatic events with families whose extended family members had not been.

Abstract: This study examined the well-being of families with young children in China whose parents and/or grandparents were exposed to potentially traumatic events. Prior research has demonstrated that exposure to highly stressful or traumatic events can create or exacerbate mental health symptoms related to depression or PTSD, and have negative consequences for other family members, including children. This study examined if being raised by parents who had experienced potentially traumatic events, affected the mental health of the children in families residing in Shanghai, China. The sample of 2,282 parents of first-graders responded to questionnaires that contained measures of potentially traumatic events (experiencing an earthquake or tsunami, witnessing violence or murder, untimely death of a parent etc) as well as measures of depression, parent-child conflict, the marital relationship, socioeconomic status, and internalizing, externalizing and somatic symptoms in the children. The population of trauma-exposed families (children whose parents and grandparents were exposed to potentially traumatic events) was compared with families who did not identify exposure to potentially traumatic events. Children whose parents and grandparents had experienced trauma were reported by their parents to have significantly higher levels of externalizing (aggressive or delinquent behavior), somatic (headaches, stomach aches), and internalizing symptoms (withdrawn, inattentive and/or depressed behavior). Trauma-exposed parents were found to have significantly higher problems parenting their children, and in their marriages. The concepts of intergenerational heritability of trauma-related symptoms through bi-directional stress and compromised parenting are discussed in the interpretation of the data.

Using a Spiritually-Focused Biopsychosocial Spiritual Model in Chemical Recovery

Michele Smith - USA

Beda Roberts - USA

Short Description: Many chemical recovery models include a spiritual component as part of reaching and maintaining sobriety. Some models focus on not using alcohol or drugs and not necessarily on total recovery. This presentation outlines a spiritually-focused biopsychosocial model with a goal of chemical, spiritual, emotional, physical and family-relational recovery.

Abstract: Many chemical recovery models include a spiritual component as part of reaching and maintaining sobriety. However, many of these same models focus on not using the specific substance, e.g. alcohol, drugs, and not necessarily on total recovery. This presentation outlines a spiritually-focused biopsychosocial model with a goal of total recovery – chemical, spiritual, emotional, physical and family-relational. This presentation is specific to outpatient recovery, although the concepts may be used in an inpatient setting as well. Recent studies describe the benefits of mindfulness/meditation on substance abuse recovery and relapse prevention, (Tang & Leve, 2016) and Yeung, Chan, and Lee (2009) completed a meta-analysis, Youth Religiosity and Substance Abuse, and found that religiosity provided consistent protective effects for alcohol, nicotine, marijuana, and other illicit drugs. This approach uses the protective factors associated with prayer, meditation, and spirituality to strengthen the individual going through the recovery process and continues through maintenance. There is also a review of family functioning as sabotage vs. support.

A Roadmap for Couple Therapy: Integrating Systemic, Psychodynamic & Behavioral Approaches

Arthur Nielsen - USA

Short Description: Using case illustrations, the presenter will summarize his recent book on couple therapy. The lecture will describe the research-tested interventions used by the three main approaches to couple therapy (systemic, psychodynamic, and behavioral/educational) and show how to sequence and integrate them depending on the problems that couples present.

Abstract: The presenter has just completed a book published by Routledge titled: *A Roadmap for Couple Therapy: An Integration of Systemic, Psychodynamic, and Behavioral Approaches*. Grounded in an in-depth review of the clinical and research literature, and drawing on the author's 40-plus years of experience, this book presents a comprehensive, flexible, integrative template for conducting couple therapy. The model begins with "Couple Therapy 1.0," where couples talk to each other with minimal assistance from the therapist, and then adds modules, termed "upgrades," based on systems theory (negative interaction cycles, social context), psychodynamics (personal meanings, transferences, projective identification, acceptance and forgiveness), and behavioral/relationship education (teaching communication and emotion regulation skills, fostering positive activities). This lecture will present a brief overview of this model and will then focus on describing how to select, sequence, and interdigitate interventions from the different approaches. Using detailed case material, I will discuss and illustrate (a) important choice points that integrative couple therapists face, (b) the psychological challenges of switching between nondirective and directive interventions, and (c) the potential synergy of behavioral and psychodynamic interventions. More than most relationship education or behavioral couple therapies, this roadmap emphasizes working with the psychological issues that make it difficult for clients to follow adaptive rules for communicating. More than most purely psychodynamic approaches, this roadmap shows how teaching rules for safe communicating can lead to the "softening" and lessened defensiveness that is the desired outcome in emotionally focused and psychodynamic couple therapies. Since it describes both the author's and the field of couple therapy's progression and development over the past forty years, this lecture seems especially fitting for a conference stressing "30 years of Change."

Orthopaedic Trauma, Depression, and Family Support

Michele Smith - USA

Short Description: Depression has been shown to be an independent predictor of functional status after an injury in general trauma patients. Links between psychosocial stressors and recovery from trauma also affect outcome. This study outlines risk factors for depression after orthopaedic trauma, including perceived lack of social support and employment status.

Abstract: Treatment of traumatic injuries often focuses on the multiple injuries while scant attention is paid to the overall mental health care of the patient in a traumatic situation. There are very rare times that patients have a psychiatric consult performed to evaluate if there are elements of post-traumatic stress disorder or depression either at baseline or resulting from their trauma. There have been a few studies that have looked at the nature of depression in orthopedic and hand trauma. The prevalence has been estimated as high as 45% in one of these studies and 33% in another. There have been studies that have followed patients longitudinally in time to determine outcomes at 12 months from trauma for PTSD and function . However, no studies were found in our literature review that prospectively follow orthopedic trauma patients over time to determine the natural history of depression in this population. There are many unanswered questions regarding depression in the orthopedic trauma population. Are rates of depression elevated near the traumatic event and decline as healing occurs? Are people diagnosed with depression before the traumatic event likely to have a depression in the acute phase after the event worse than baseline? Will they return to a more mild depression as time goes on? What is the correlation between return to work and depression, if any, in this population? We collected data in a prospective manner in order to begin answering some of these questions. FYI Some of this research has been published in the Journal of Orthopaedic Trauma, 2014 Oct;28(10):e242-6. doi: 10.1097/BOT.000000000000128.

Treatment Effects for Prostituting Women Engaged in Family Systems Therapy

Aaron Murnan - USA

Laura Cully - USA

Short Description: Family therapy offers a unique opportunity to improve mother-child interactions and maternal outcomes among prostituting women and their children. In this study, prostituting mothers receiving family therapy showed greater reductions in substance use and depressive symptoms, as well as better mother-child interactions, than women in a control group.

Abstract: Prostituting women report severe patterns of substance use and high rates of depressive symptoms. Although most of these women report previously seeking substance use treatment, relapse rates are reportedly high. This in part may be influenced by the fact that most of these women are single mothers with an average of three children in their care. Engaging prostituting women and their children in family systems therapy may offer a unique opportunity to improve parent-child interactions as well as decrease maternal substance use and depressive symptoms. As such, the current study identified 68 prostituting mothers seeking outpatient treatment through a local substance use treatment facility as part of a larger randomized clinical trial. Participants were randomly assigned to receive family systems therapy or an individualized treatment control, Women's Health Education. Individual and familial measures were collected at baseline, 3, 6, 12, and 18 months post-baseline. Results showed that women who received family systems therapy reported greater reductions in moderate and severe substance use, indicating that family systems therapy is an effective intervention for substance use with this population. Additionally, mothers assigned to family systems therapy showed significantly greater reductions in depressive symptoms and were observed to display improved mother-child interactions. Improvements in these outcomes may serve as protective factors in sustaining reductions in substance use. This study provides a unique contribution to the literature as it is the only study to date that tests family systems therapy with prostituting women and their children. Results support previous literature demonstrating that family systems therapy is an effective intervention in conjunction with traditional substance use treatment programs. It is recommended that clinicians working with prostituting mothers incorporate their children into treatment with their mother.

Attachment in Context: Cultural Responsiveness & Training of Attachment-based Therapy Models

Shruti Poulsen - USA

Robert Allan - USA

Short Description: The presentation focuses research that explored importance of context on therapists' attachment experiences, and need for culturally responsive practices. This project examined therapists' experience of using attachment-based approaches – e.g., Emotionally Focused Therapy (EFT) – in relational therapy, and their experiences of the attachment-based therapy training.

Abstract: The researchers will present their findings from research aimed at understanding the importance of context and ecosystemic influences, on therapists' attachment experiences & culturally responsive practices in therapy. Attachment and secure attachment in relationships (as defined by Bowlby & Ainsworth) is a necessary human developmental process that allows children and adults to grow, explore, learn, and develop critical communication and interactional skills over the lifespan. The project explored attachment in context in terms of therapists' cultural experiences & impact of these experiences on their attachment process. This project examined therapists' experience of using attachment-based therapy approaches, such as EFT, in working with couples & families in therapy, and therapists' experiences of the attachment-based therapy training. Therapists who had completed the basic training (EFT Basic Skills Externship) in the attachment based therapy approach, were interviewed for this project focusing on several clinical concerns: 1. Cultural experiences of diverse therapists; how they impact their own understanding, definition, and experience of attachment (Ainsworth, 1990; Bowlby, 1969) as a child and as adult; 2. What and how do culturally diverse therapists experience the training and learning experience of an attachment-based therapy model; 3. What and how do therapists utilize attachment-based therapy approaches in their own clinical practice with clients (individuals, couples, families) from diverse cultural backgrounds? This research used a methodological approach called interpretive phenomenological analysis (IPA) which "represents an epistemological position, offers a set of guidelines for conducting research, and describes a corpus of empirical research" (Smith, 2004, p. 40). The key elements of IPA are that: it is an inductive approach; participants are experts on their own experience and are recruited because of their expertise in the phenomenon being explored; researchers analyze data to identify what is distinct (idiographic study of persons) while balancing that with what is shared in the sample; and the analysis is interpretive, grounded in examples from the data, and plausible to the participants, supervisors, and general public. This methodology was particularly suitable for this research for exploring therapists' experience with learning and using an attachment- and evidence-based practice.

Self-injurious Behavior Indicators within Suicidal Ideation Youth Populations

Steven Jella - USA

Short Description: Self-injurious Behaviors continue being a prevalent issue among youth and often associated with persons experiencing suicidal ideation. The examinations of contextual dynamics that make up the mental health state and propensity for SIB can contribute more robust understandings of youth factors of distress in relation to SIB and SI.

Abstract: Self-injurious Behaviors (SIB) continue to be a prevalent issue among youth and often associated with persons experiencing suicidal ideation (SI). Emotional distress and poor coping skills acquired from family and social contexts have been cited as being underlying factors that contribute to a host of issues including SIB and SI. The analysis includes an examination of archival family systems specialists' created process notes and contextual markers of youth who identified as having mental health concerns for themselves or friend. The examinations of the actual overlap of their identified contextual dynamics that make up their mental health state and propensity for SIB can contribute more robust understandings of youth factors of distress, specifically in relation to SIB and SI. There is much to learn and many assumptions that need to be tested regarding the relationship between SIB and SI in youth, and therefore there is a gap in community mental health prevention and intervention treatments for these populations. A matrix was created to organize the accessed archived contextual data of female and male youth ages 12-18 who have been identified as needing contact with a family systems specialist regarding risk factors for SIB and SI. Content analyses of the matrix provide information regarding contributing factors, family dynamics, types, and alternative coping strategies to SIB providing indications of the social climate and insight into what alternative prosocial strategies of coping this youth population is drawn to use. The prevalence of self-inflicted trauma and SI in adolescents is apparently on the rise. Developing and enhancing community based prevention and intervention programs from a family systems perspective could lead to more effective approaches for youth that use various forms of SIB to cope and may experience SI as a result of being left untreated.

Self-injurious Behavior Indicators within Suicidal Ideation Youth Populations

Amy Budd - USA

Steven Jella - USA

Short Description: Self-injurious Behaviors continue being a prevalent issue among youth and often associated with persons experiencing suicidal ideation. The examinations of contextual dynamics that make up the mental health state and propensity for SIB can contribute more robust understandings of youth factors of distress in relation to SIB and SI.

Abstract: Self-injurious Behaviors (SIB) continue to be a prevalent issue among youth and often associated with persons experiencing suicidal ideation (SI). Emotional distress and poor coping skills acquired from family and social contexts have been cited as being underlying factors that contribute to a host of issues including SIB and SI. The analysis includes an examination of archival family systems specialists' created process notes and contextual markers of youth who identified as having mental health concerns for themselves or friend. The examinations of the actual overlap of their identified contextual dynamics that make up their mental health state and propensity for SIB can contribute more robust understandings of youth factors of distress, specifically in relation to SIB and SI. There is much to learn and many assumptions that need to be tested regarding the relationship between SIB and SI in youth, and therefore there is a gap in community mental health prevention and intervention treatments for these populations. A matrix was created to organize the accessed archived contextual data of female and male youth ages 12-18 who have been identified as needing contact with a family systems specialist regarding risk factors for SIB and SI. Content analyses of the matrix provide information regarding contributing factors, family dynamics, types, and alternative coping strategies to SIB providing indications of the social climate and insight into what alternative prosocial strategies of coping this youth population is drawn to use. The prevalence of self-inflicted trauma and SI in adolescents is apparently on the rise. Developing and enhancing community based prevention and intervention programs from a family systems perspective could lead to more effective approaches for youth that use various forms of SIB to cope and may experience SI as a result of being left untreated.

Reflecting Teams and Couples' Hope

Robert Allan - USA

Misti Klarenbeek-Mckenna - USA

Short Description: This research aimed to answer the question: what is the impact of a reflecting team (RT) on hope in couple relationships and what aspects of the RT process does a couple report as contributing to hope in their relationship? Using a mixed methods approach, presenters will report research findings.

Abstract: This presentation will report on a mixed methods research project that explored the impact of a reflecting team on hope in couple relationships. This will include a review of what couples reported as the most helpful aspects of reflecting teams. Reflecting teams (RT) are an innovative method used in training and supervising couple and family therapists. The purpose of RTs is to generate and offer multiple descriptions of the client situation. Relational hope is a little researched concept in the field of couple therapy research. Using the Relational Hope Scale (Erickson, 2015) and the Experiences in Close Relationships-Revised (ECR-R) (Fraley, Waller, and Brennan, 2000) scales, the impact of the RT on hope in couple relationships was measured in relation to their attachment styles. The ECR-R is designed to assess individual differences with respect to attachment-related anxiety (i.e., the extent to which people are insecure vs. secure about the availability and responsiveness of romantic partners) and attachment-related avoidance (i.e., the extent to which people are uncomfortable being close to others vs. securely depending on others). The RHS and ECR-R were administered prior to the counseling session. Directly after the counseling session, the RHS was completed. In addition, interviews to ascertain what aspects of the RT contributed to or reduced hope in their relationships were conducted within one month of the counseling session with one or both members of the couple. The presenters will report findings from the research and offer practical feedback about what aspects of reflecting teams couples found most helpful.

The Correlation Between Socially Prescribed Privilege and Social Responsibility: Towards a Just Approach to Psychotherapy

Logan Cohen -USA

Pearl Wong - USA

Short Description: We invite you to join us for a historical and global journey through the theoretical foundations of a "just approach to psychotherapy" as we embrace affirming dialogue and provide essential tools for incorporating the fundamentals of this approach into your own practice of systemic psychotherapy.

Abstract: The family psychotherapist is practicing in a global arena that gets smaller and more reflexive by the day. These building pressures of globalization make it increasingly essential for the modern day practitioner to understand the omnipresent importance of a clinical approach that speaks directly to and affirms the diverse backgrounds of both ourselves and our clients, taking into account the dynamic interplay between privilege, oppression, and the resulting ability to access resources in our day-to-day lives. Research has long shown that systemic and institutional oppression at least further complicates and at the most organically creates injury, pain, trauma, and resulting mental health complications. As family psychotherapists, we are tasked with treating interpersonal relationships and contexts to illness in a more systemic effort to support our clients through healing from their injuries and wounds. Throughout this inherently systemic process, we are charged with the duty and responsibility to our clients to honor their fidelity/autonomy and do no harm. However, this is much easier said than done as our own stories of intergenerational legacy and resulting social privilege and /or oppression intersects with those of our clients we are charged to serve. If these intersecting legacies of social privilege and oppression are not spoken to directly in both an affirming and accountability generating manner and therefore go unchecked during the treatment process, we risk behaving isomorphically to the dominant global discourse. In these isomorphic moments, intergenerational trauma is recreated, wounds are reopened, and we run the very real risk of not only dis-affirming our clients' stories and psyches, but also harming our clients directly. We invite you to join us for a historical and global journey through the foundations of a "just approach to psychotherapy" as we engage in affirming dialogue and provide essential tools for incorporating the fundamentals of this approach into your own practice of systemic psychotherapy.

The Dynamic Dance Between Compassion and Empathy: The Boundaries In and Between Us

Pearl Wong - USA

Logan Cohen -USA

Short Description: Psychotherapists dance in multiple contexts with our clients. We will consider how our initial fixed attachment patterns may damage the intercultural messages we may be sending to our clients. The shared dance urges us to foster an ecosystem of empathy as we evolve in our professional work.

Abstract: The psychotherapist's pursuit of collaborative solutions to improve well-being and quality of life for individuals, families and communities requires the enhancement of our intercultural communication. Intercultural communication refers to the transmission of differences, including but not limited to, social economic status, sexual orientation, level of physical ability, age, ethnic background, or familial structure between members between one culturally specific group and another. To enhance our work with clients of diverse needs, we must participate in voicing our own journey of self-discovery. Through the evolutionary theory of attachment, we will examine Bowlby's proposition that our initial attachment behaviors function like pre-programmed fixed patterns. These fixed attachment patterns may pathologically impact the intercultural messages we sending to our clients if we do not attend to them directly. As psychotherapists, we must understand how our dance with our clients exposes us to tenuous boundaries in and between us. Working with clients who identify with a wide range of cultural subgroups, we are often required to offer a level of care, empathy, and understanding that requires a high degree of intensity from the practitioner. If we are to cultivate compassion, courage, and connection, our field calls for us to foster an ecosystem of empathy. The importance of how we work with and engage others urges us to embrace healthy and meaningful boundaries with our family, friends, partners, children, and co-workers. How we cultivate ourselves and allow others to influence our own boundary narratives will equip us to respond to the increased needs of individuals, families and communities in the 21st century.

Families Living With Autism: Clinical Implications For Couples, Caregivers And Siblings

Mudita Rastogi - USA

Short Description: Using clips from taped interviews participants will explore strengths and challenges faced by families with a child diagnosed with autism. Attendees will learn about the needs articulated by family members, ambiguous loss, grief, sibling and couple subsystems, and larger systems, while integrating cultural and religious beliefs of these families.

Abstract: Autism affects 1 out of 68 children in the United States and costs a U.S. family an average of \$60,000 per year (CDC, 2014). The presenters will utilize actual footage from two interviews with parents of autistic children to focus on the clinical implications of working with these families. The workshop will highlight the needs of families dealing with developmental disabilities in general, and autism in particular. Using experiential exercises, cases, and AV material, participants will explore strengths and challenges, as well as larger systems issues. Some strengths reported by families include greater spirituality and optimism (Patterson & Leonard, 1994). Challenges include ambiguous loss, financial drain, and emotional distress (Neely, Amatea, Echevarria-Doan, & Tannen, 2012; Solomon & Chung, 2012). Families benefit from systems-based interventions targeting parent-IP interactions, other intergenerational relationships, and sibling and couple subsystems. Effective clinical interventions must include larger systems (caregiving, educational, medical) that interface with the family. For example, parent support groups are associated with lower stress levels of parents (Ramisch, 2012). Workshop participants will learn to hear the needs of these families, and to address disparities in family members' struggles with various stages of grief. The presenters will also discuss the role of cultural and religious beliefs of families with an autistic member, while noting that most of the existing research is drawn from Euro-American communities (Dyches, et al., 2004). Participants will also receive a list of helpful references and resource materials to aid their clinical work with this population.

The Effectiveness Of Applying Strengths Perspective In Family Treatment For Promoting The Recovery Of Persons With Psychiatric Disability And Their Family Caregiver

Li-yu Song- Taiwan

Short Description: This study aimed to enhance the recovery of persons with psychiatric disability and their family caregiver. It was a three-year intervention and outcomes were evaluated. In the presentation, I'll depict the process of Strengths-based family treatment, and the recovery outcomes of the dyad.

Abstract: This study aimed to enhance the recovery of persons with psychiatric disability (hereinafter called consumer) and their family caregiver (dual focused approach). The process of treatment and outcomes will be illustrated. Methods: A three-year experiment applying Strengths perspective was implemented in Taiwan. Fifty eight dyads of consumers and their family caregiver agreed to participate in this experiment. Both quantitative and qualitative approaches were adopted to capture the process and depth of changes occurred over time on recovery related measures. The outcome measures were administered five times. The measures for the consumers included symptoms, recovery, empowerment, resilience, family support, and formal support. For the family caregivers, the measures covered resilience, their view on consumers, empowerment, life satisfaction, family interaction, and caregiver burden. The participants were in-depth interviewed twice, six months after the inception of the experiment and 18 months after. MANOVA repeated measures method was utilized to analyze the quantitative data. Qualitative data was conducted in accord with grounded theory. Results: The quantitative analyses revealed a spiral up-lifting process of changes on consumers' symptoms, recovery, empowerment, and resilience as well as caregivers' empowerment. In general, positive and significant changes were observed from time 1 to time 3, a setback on time 4, and then again a positive change on time 5. On the other hand, the findings showed that continuous decrease occurred on caregiver burden, especially on family strain. The qualitative data showed that through focusing on participants' strengths and setting goals based on their wants, they developed positive belief and attitude towards life, expanded life domains and enriched their lives, as well as enhanced family relationships. Some caregivers became more able to recognize the strengths and positive changes of the consumers. And yet, the internal barriers and external constrains of the participants deterred the process of pursuing their goals. Conclusions: The strengths perspective was conducive to some consumers and caregivers. The dual focused approach in family treatment is essential for Chinese Culture.

Providing Psychological And Legal Support To The Sibling Bond: An Emerging Necessity In Contemporary Family Contexts.

Haxhe Stéphanie - Belgium

Short Description: In modern societies, children are faced with vulnerable parents. In this context, the sibling bond appears more than ever as a potential source of support and long-term stability. There is a crucial need for laws and public policies developed in order to protect and understand this specific bond.

Abstract: In modern societies, children are faced more and more with vulnerable adults and parents. In addition to economic precariousness, relational depletion is a major concern in occidental families. Couples are not meant to last forever, bonds to families of origin seem more tenuous and communities don't offer the same support as they used to. In this context, the sibling bond appears more than ever as a potential source of support, resilience and long-term stability. Studies have demonstrated that sibling relationships may have a protective effect throughout life (Cicirelli, 1995) and serve as a moderating factor between stressful life events and psychological symptoms (Gass, Jenkins & Dunn, 2007; Feinberg & al, 2013). Unfortunately, in most of the countries around the world, there is a lack of legal protection of the sibling bond. In terms of the right to personal contact after a parental separation, after the adoption of one sibling, or in terms of the right to live together in the case of a placement ordered by a judge, there is a lot to do to support this very specific bond. When children are placed in institutional care, most of the time the economic and administrative constraints impose a separation of the siblings. Thus, not only do children have to deal with the traumatic experience of being separated from their parents but they also have to deal with the separation from their siblings. However, the placement of siblings in a same institution or foster care offers a unique opportunity to reinforce their relationship, which may represent a solid source of relational permanence and security. Moreover, welcoming siblings together gives the chance to work on their shared roots and parts of history that can be hard to deal with alone. It also provides keys for a better understanding of each child's behavior and experience, like pieces of a puzzle that would remain unintelligible unless being put together. There is a crucial need for laws and public policies developed on the basis of clinical practice and research with siblings, in order to understand and to protect this specific bond.

Emotion Regulation As A Moderator Of Attachment And Relationship Quality In Newlyweds

Nilufer Kafescioglu - Turkey

Short Description: This study examined the moderating effect of different emotion regulation strategies on the relation between attachment and relationship quality in couples. Results revealed two significant interaction effects for wives' outcomes. Implications for couple therapy will be discussed in light of these findings.

Abstract: The purpose of the present study was to examine the moderating effects of two distinct emotion regulation strategies, emotional reactivity and emotional cutoff, on the relation between adult attachment and relationship quality. Previous studies have shown the risks attachment insecurity (anxiety and avoidance) poses for relationship dissatisfaction, maladjustment, and instability. Individuals with attachment anxiety are expected to experience dissatisfaction in their relationship due to high sensitivity to cues of rejection whereas individuals with attachment avoidance are expected to experience dissatisfaction due to disengagement and avoidance of intimacy. However, we know less about the factors that buffer or heighten the association between attachment orientations and relationship quality. The present study aimed to contribute to the understanding of this association by examining the impact of the moderating effect of different attachment orientations with different emotion regulation strategies on newlyweds' relationship quality. Moreover, the current study examined whether the effects of each spouse's attachment orientation on their partners' relationship quality is stronger or weaker depending on the level of emotion regulation strategies that they utilize. Data were collected from 252 newlywed heterosexual couples from Turkey. Participants were married for an average of 6.81 months. Attachment anxiety and avoidance were measured with Experiences in Close Relations-Revised; emotional reactivity and emotional cutoff were measured with brief Differentiation of Self Inventory; and relationship quality was measured with the Dyadic Adjustment Scale. Data were analyzed using the Actor Partner Interdependence Moderation Model and Structural Equation Model. Results revealed two latent interaction effects that were significant for wives' relationship quality. Specifically, in wives with high attachment anxiety, wives' emotional reactivity had a negative impact on her own relationship quality. In wives with low emotional cutoff, the negative effect of husbands' attachment anxiety on her relationship quality was buffered. Implications for couple therapy will be discussed in light of these findings. This project is funded by TÜBİTAK 1001 Program (The Scientific and Technological Research Council of Turkey, Project #113K538).

Helping Through Memories And Family: Lived Experience Of Transgender Crisisline Volunteers

David Bowers - USA

Short Description: How do transgender volunteers on a crisis-line for the trans community make sense of memories of experiences with family of origin through the prism of experiences with callers to the crisis line? Using Interpretive Phenomenological Analysis this researcher finds convergent and divergent themes of struggle and resilience.

Abstract: How do transgender individuals who volunteer on a crisis line for the trans community make sense of memories of past experiences with family of origin through the prism of experiences with callers to the crisis line, many of whom call with reports of problems with their own family of origin? Using Interpretive Phenomenological Analysis this researcher finds convergent and divergent themes of struggle and resilience. Transgender persons are known to suffer higher risks of victimization in school, workplace and community than either the general population or members of other sexual minorities (Toomey et al, 2010). Transgender persons also face elevated risk of suicide (Hass et al, 2011) as well as increased likelihood of alcohol and illicit drug dependency (Rowe et al, 2015). Despite the known risks faced by these members of society, researchers have been slow to take up questions regarding transgender persons' lived experiences (Hines,2007). Research into the experiences of transgender persons continues to lag behind studies of the experiences of other sexual minorities (Boehmer, 2002),and research on transgender persons' experiences with families of origin is especially scant (Blumer et al, 2012). In addition, few studies have examined whether and how members of the transgender community benefit through helping fellow community members (Hines,2007). Using a purposively homogeneous sample recruited from a group of crisis line volunteers, the researcher conducted semi-structured interviews which were digitally recorded and transcribed. Then, following Interpretive Phenomenological Analysis methodology (Smith, Flowers & Larkin, 2009), the researcher analyzed each interview in a 4-stage process, beginning with a close line-by-line reading of the text and moving towards discovery of divergent and convergent themes. Finally, the analyzed cases were themselves analyzed for discovery of emergent themes. In this presentation the researcher will offer findings with implications for both researchers and therapists. These findings include themes of risk as well as resilience. Attendees will benefit from discovering how members of a community often marginalized and stigmatized by the mental health community find strength and support through caring for their own.

The Evolution Of Family Therapy In Russia, Hungary And Turkey Over The Past 30 Years, Part 1

Tatiana Glebova - USA

Emoke Tarjan - Hungary

Fatma Arici Sahin - Turkey

Monica McGoldrick - USA

Nydia Garcia Preto - USA

Short Description: This presentation will explore the development of family therapy in Russia, Hungary and Turkey over the past 30 years, discussing the unique social, political and cultural contexts that influenced the evolution of the field in each country and comparing it to the development of family therapy in the U.S.

Abstract: This presentation will explore the development of family therapy in Russia, Hungary and Turkey over the past 30 years, discussing the unique social, political and cultural contexts that influenced the evolution of the field in each country. Our two discussants from the U.S. will help us consider how the evolution of family therapy in these countries compares to the development of family therapy in the U.S. Chair: Tatiana Glebova, Other Presenters: Emoke Tarjan, Fatma Arici-Sahin, Discussants: Monica McGoldrick & Nydia Garcia Preto ID info: Tatiana Glebova, Ph.D., USA Associate Professor and Site Director, Couple and Family Therapy Program, Alliant International University (Sacramento, California). Teacher, licensed family therapist with more than 20 years of clinical experience working with diverse populations, AAMFT Approved Supervisor, researcher. First counseling degree (M.A. equivalent) from the Moscow State University (Russia, 1993), PhD in Marriage and Family Therapy from Fuller Theological Seminary (CA, 2003). Has done trainings and research in Russia, presented at state, national, and international conferences in the field of MFT, has numerous academic publications. Em?ke Tarjan, MD, Hungary Director, Family-Systems Therapy Institute (Hungary), Psychiatrist (Medical University Pécs, Hungary). Trainer at Multicultural Psychology and Psychotherapy Institute (Romania). Organizer of "Central European Training Collaboration," Diplomas in psychodrama from Australian Psychodrama Association and Hungarian Psychodrama Association. Formerly was trainer in family therapy at the Hungarian Family Therapy Association, Transylvania (Ro), at the "Pro Familia" Family Therapy Association, and in psychodrama in Austria, Serbia, Hungary and Romania.

The Evolution Of Family Therapy In Russia, Hungary And Turkey Over The Past 30 Years, Part 2

Tatiana Glebova - USA

Emoke Tarjan - Hungary

Fatma Arici Sahin - Turkey

Monica McGoldrick - USA

Nydia Garcia Preto - USA

Short Description: This presentation will explore the development of family therapy in Russia, Hungary and Turkey over the past 30 years, discussing the unique social, political and cultural contexts that influenced the evolution of the field in each country and comparing it to the development of family therapy in the U.S.

Abstract: ID info cont'd Fatma Arici-Sahin, PhD Candidate, Turkey Presenter, Hacettepe University, Research assistant in the field of Psychological Counseling at Hacettepe University (Ankara, Turkey). She has developed a feminist-informed couple-relationship enhancement program for Turkish couples; was a research scholar in Marriage, Couple and Family Therapy Program at Lewis & Clark College with a doctoral fellowship awarded by TUBITAK (Advising Professor: Dr. Carmen Knudson-Martin). She is an Early Career Member of American Family Therapy Academy. Monica McGoldrick, LCSW, PhD (h.c.), USA Director, Multicultural Family Institute Nationally and internationally known teacher, author and family therapist. Books include: The Genogram Casebook (2016) The Genogram Journey: Reconnecting with Your Family (2nd ed, 2011), Re-Visioning Family Therapy (2nd Ed. 2008), The Expanded Family Life Cycle (5th Ed., 2016), Ethnicity & Family Therapy (3rd Ed., 2005), Genograms Assessment and Intervention (3rd Ed., 2008), Women in Families, and Living Beyond Loss, (2nd Ed, 2004). Clinical Associate Professor, Psychiatry Dept., RWJ Medical School, Visiting Professor, Fordham University School of Social Service (1991-2001). Honorary Doctorate, Smith College School for Social Work (1991). American Family Therapy Academy Award (1988) for Distinguished Contribution to Family Therapy Theory & Practice. Nydia Garcia Preto, LCSW, USA Associate Director, Multicultural Family Institute Nationally known teacher, presenter, and family therapist. Coeditor of Ethnicity & Family Therapy (3rd ed., 2005) & The Expanded Family Life Cycle (4th ed. 2011), and many publications on working with Latinos and their families and adolescents and their families. Private Practice, Highland Park, NJ. Has served on Boards of several professional organizations and received awards for her work in promoting social justice in the field of family therapy. Her MSW is from Rutgers Univ.

Invariance By Interviewer Gender In The Measurement Of Internalized Stigma

Carly Goodkin - USA

Short Description: This poster presentation presents the results of a measurement invariance model fit to data gathered from Sri Lankan war and tsunami affected widows. A model of 2 constructs of internalized stigma was fit to two groups, one of widows interviewed by male interviewers and another group interviewed by female interviewers.

Abstract: The data for this study were collected in 2016 from widows in Eastern Sri Lanka whose spouses died in the civil war, in the tsunami, or from health-related or other problems. The conservation of Resources (COR, Hobfoll, 1989) theory was used as a lens by which to examine the presence of internalized stigma of mental health in the context of a post-war and tsunami environment depleted of resources. Specifically, we investigated whether the measurement of 2 subscales of a measure of internalized stigma of mental health were invariant across groups of women interviewed by male and female interviewers in the sample. These subscales were used to indicate latent constructs of social withdrawal and alienation. Results of the measurement model suggested configural invariance indicating that the latent constructs, indicated by items comprising the 2 subscales, were measured roughly equivalently across groups. However, subsequent constraints of the factor loadings demonstrated a lack of metric invariance suggesting that particular scale items did not perform in the same way across groups. Because metric invariance was not found, scalar, residual and structural invariance were not tested in the model. Implications of the findings will be discussed with particular regard to interviewer gender, ethnicity, national identity and other factors in the context of interviewing research participants who are vulnerable, traumatized and historically marginalized. Implications for research design and conclusions will also be discussed.

Taming The Dragon: Integrating Mental Health And Substance Recovery

Khadijah Bhutto Ramirez, M.A., LMFT - USA

Short Description: This presentation will integrate mental health and substance use disorder recovery. Participants will examine personal biases, stereotypes, reinforcing family systems, and basic recovery tools from a systemic perspective. Participants will also apply recovery specific family roles to form treatment strategies for families recovering from substance use and mental health disorders.

Abstract: This presentation will integrate recovery from both mental health and substance use disorders. With the healthcare system transitioning to integrated treatment for mental health and substance use disorders, clinicians will need increased competency in working with dually diagnosed clients. Participants will examine personal biases, stereotypes, reinforcing family systems, and basic recovery tools from a systemic perspective. Participants will also learn to apply recovery specific family roles to form treatment strategies for families in recovery from both substance use and mental health disorders.

Keeping Couples Together: Conjoint EMDR Psychotherapy For Couples

Lisa Johnson - USA

Margaret "Peggy" Moore - USA

Short Description: Johnson and Moore will describe theoretical underpinnings of using Eye Movement Desensitization Reprocessing (EMDR) with partners present, provide guidelines for evaluating appropriateness for case selection and implementation with Video examples of the Safe Place exercise, coaching couples through discussions, and EMDR processing of historical trauma with partner providing Bilateral Stimulation.

Abstract: In working with couples the therapist often finds that the issues they are struggling with can have their origins in the experiences the couples brings to the relationship from their family of origin. Traumatic experiences that have been maladaptively stored can intervene in the couples attempts to relate to each other in healthy ways. Clearing these traumas can pave the way to happier interactions and a stronger bond. The EMDR therapist who is working with couples should consider the use of EMDR to clear these traumas using the standard EMDR protocols. The past traumatic experiences of each member of the dyad are targeted, present triggers cleared and a future template laid down. Good preparation and education about the method will pave the way for a more successful outcome. In short the entire eight phases of EMDR can and should be implemented. Our approach interweaves the principles of Relationship Enhancement with EMDR and describes working with the couple while both are present in the room. Using the techniques originally described by Joan Lovett in her book on EMDR with Children (Small Wonders) the therapist has the couple hold hands and tap while conversing with each other. The guidelines described in Non Violent Communication and in Relationship Enhancement are used with the couple to guide the interaction. In both of these methods the therapist acts as coach in the couple's communication, which lends itself to including BLS during the dialogue. We will demonstrate how this has worked with several couples and discuss the outcomes of the therapy and the benefits of this approach. The presenters will offer guidelines for client selection criteria and ongoing consideration.

Blending Family Therapy Modalities: Creating Structure Through Play

Anita Mehta - Canada

Sarah Burley - Canada

Short Description: This presentation describes the family of a girl who presents as oppositional and defiant. An integrative approach using Theraplay® and structural family therapy was used to create a treatment plan. Video recordings from sessions will be used to demonstrate therapeutic interventions of Theraplay® and structural family therapy approaches.

Abstract: Introduction: The success of optimal family therapy is contingent on a thorough family assessment. Perhaps even more critical is the determination of an appropriate treatment plan to best support the family. There are many differing treatment modalities for a therapist to select from and it is often an integration of several approaches that form the most effective treatment plans. This presentation will describe the family of a little girl who is sad and angry. Diagnosed with Oppositional Defiant Disorder (ODD), she was being raised in two homes by two parents who were as oppositional as her diagnosis. An integrative approach using theraplay® and structural family therapy was used to create a treatment plan for her and her mother. Methods: The use of video recording from the sessions will be used to demonstrate the therapeutic interventions of theraplay® and structural family therapy approaches. Each modality will be described, as well will their clinical relevance and application to this particular family. In particular, co-therapy as a successful manner in which to deliver these interventions will be discussed. Finally, a strengths based approach will be highlighted as an important lens through which to view this family. Results: There were significant changes noted for both mother and daughter in just a few sessions. Increased maternal insight, mother-child attachment, participation in play activities, and increased ability to implement structure at home were evident. Furthermore, the mother also reported that there were some behavioral changes in her daughter at home. Finally, the little girl became increasingly engaged in therapy. Overall, steps were taken towards helping mother redefine her role, set rules, and work on regaining the power she felt she had lost.

Panel: Writing For Family Therapy Journals

Fred Piercy - USA

Short Description: Participating editors include: Glenn Larner, Family Process; Christian Jordal, Journal of Family Psychotherapy, Joyce Baptist, Journal of Feminist Family Therapy, and Fred Piercy, Journal of Marital and Family Therapy.

Abstract: This panel presentation features the following editors of prominent English language journals in couple and family therapy: Glenn Larner, Australian and New Zealand Journal of Family Therapy; Christian Jordal, Journal of Family Psychotherapy, Joyce Baptist, Journal of Feminist Family Therapy, and Fred Piercy, Journal of Marital and Family Therapy. These editors will respond to a series of questions about the publication process and emerging trends in publication and couple and family therapy. Topics covered will include: The sorts of articles of greatest interest, the place clinical articles and case studies have in each journal, the specifics of the review process, specific suggestions for enhancing writing and improving the chances of work being accepted, the steps in submitting an article for publication, how one becomes a reviewer for a journal, the most important trends in the journals and the field and how these trends reflect the broader field of couple and family therapy.

Resurrecting Co-Therapy: Considerations For Engaging In Therapeutic Partnerships

Jake Johnson - USA

William Hiebert - USA

Short Description: In this presentation, we will discuss the history of co-therapy in the field of family therapy, unpack the potential benefits and drawbacks of working with a co-therapist, and offer various considerations for contemporary therapeutic partnerships.

Abstract: In this presentation, we will detail the history of co-therapy in the field of marriage and family therapy, including a discussion of how various MFT theories conceptualize the use of co-therapists. We will also share a number of potential benefits of working with a therapeutic partner as well as provide scenarios of clinical situations for which co-therapy would be contraindicated. We will conclude by unpacking a number of contemporary considerations for co-therapeutic partnerships and offering suggestions for how to work with a co-therapist in an era of managed care.

Family Therapy With Moslem-Arab Families: The Utilisation Of Conjoint Forgiveness Therapy To Heal The Wounds Of Parental Maltreatment

Itzhak Lander - Israel

Short Description: This paper explores family therapy with Moslem-Arab families. Its focus is on the delineation of the author's clinical work to promote forgiveness in Bedouin families in Israel where there has been a parentally inflicted attachment wound. Implications for family therapy with Moslem-Arab families are considered.

Abstract: This paper explores family therapy with Moslem-Arab families. It critically introduces existing theoretical and empirical perspectives on therapeutic interventions with Moslem-Arab families. The professional literature in English is highlighted as well as the rich and longstanding Hebrew language scholarship on clinical work with Moslem-Arab families. The focus of the paper is on the delineation of the author's own clinical work to promote forgiveness in Moslem-Arab families in Israel where there has been a parentally inflicted attachment wound. Social workers in Bedouin-Arab settlements located families where there had been severe parental physical abuse and despite the cessation the maltreatment, severe emotional wounds in the family and parent-child relations, persisted. DiBlasio's family based forgiveness therapy model was utilised to guide the treatment. Therapy was conducted in Arabic in family homes under constraining logistical conditions. Treatment engagement was a major challenge, as the patriarchal society gives decision making powers exclusively to fathers. In all families it was the father who was also the perpetrators the child maltreatment. The therapy processes that unfolded are discussed within the context of the existing literature on multicultural counselling and psychotherapy. Contraindications and limitations related to systemic interventions with Moslem-Arab families are presented, especially as they related to family forgiveness therapy. Prominent here are serious concerns related to the free and open expression of thoughts and feelings on the part of female family members within the blatantly patriarchal family structure that exercises strict control over women. Implications for family therapy with Moslem-Arab families, and particularly for the healing of intra-familial wounds, are considered. Of primary importance's the contribution of a trans-generational perspective to facilitate the challenge of treatment engagement with this population. Engagement was facilitated only when the therapy began with a clear and distinct focus upon the father of the victim, and first delved into his issues of unresolved hurt and paternal neglect ad abuse.

Enhancing Psychiatric Nurses' Competence In Family Care: An Outcome Study Of Family Therapy Training In Hong Kong

Joyce Lai Chong Ma - Hong Kong (China, SAR)

Short Description: This presentation describes a family therapy training program for psychiatric nurses in Hong Kong and reports on its outcome. The results of the study have shown that the psychiatric nurses (n =17) have had positive changes in terms of knowledge and skills in family assessment and family treatment.

Abstract: Strongly influenced by the biomedical model in mental health services in Hong Kong, the roles and functions of psychiatric nurses have been narrowly confined to identifying mental patient's symptoms, supervising medication and preventing relapse. They are insufficiently equipped with knowledge and skills to contextualize patients' mental symptoms in their social context. Nor are they confident and competent to work with families of the mentally ill. However, with an expansion of community-based outreach services and launching of different service initiatives in the past years, working with patients and their families has become an integral part of their nursing care. In view of the rising training needs, a collaborative continuing professional training program on family therapy and psychiatric nursing care was designed and developed jointly between the senior nursing managers of the Hospital Authority and academics in Hong Kong to equip psychiatric nurses with fundamental knowledge and skills in family therapy, which in turn will enhance their professional competence. This presentation describes the family therapy training (e.g., educational philosophy, learning outcomes, content and teaching method) offered and reports on the training outcome. Mixed methods were employed in the study. Seventy nurses who have gone through the training program participated in the study and responded to a standardized questionnaire three times (pre-training phase, in the middle of the training and post-training phase). Seventeen psychiatric nurses were invited to participate in the focus group interview at the end of the training too. The results of our study showed that after going through the training they have made positive changes in terms of knowledge, attitudes, and skills. Emerging from the thematic analysis was the perceived importance of multiple-systems assessment and strengths-based perspective; more importantly they had become more confident to protest against their narrowly defined roles and functions that were imposed by psychiatrists who have had more professional power in multi-disciplinary teams of mental health services. Implications for future family therapy training in mental health settings were discussed and recommendations for future study were made.

Técnicas de Terapia Focalizada en las Emociones (TFE): Aprendiendo a usar PRISSL para acceder a las emociones y necesidades de apego de los clientes

Lola Fatás García - Spain

Amaya Arana Rivero - United Kingdom

Short Description: El objetivo de este taller es que los participantes conozcan y experimenten PRISSL, la herramienta no verbal del modelo TFE para ayudar a los clientes a conectar con sus emociones y expresar sus necesidades de apego. Se explicará detalladamente la técnica con ejemplos y se practicará en role play.

Abstract: En terapia, es fundamental la congruencia entre el mensaje verbal y el no verbal del terapeuta y éste necesita modular su propio estilo emocional, eligiendo una técnica u otra a cada paso del proceso terapéutico. PRISSL es el acrónimo para el estilo no verbal que el terapeuta TFE utiliza cuando quiere ayudar al cliente a entrar en contacto con sus emociones más vulnerables: A través de la repetición de las palabras y expresiones del propio cliente y usando un tono y ritmo de voz lentos, el terapeuta sostiene emocionalmente al cliente proporcionándole seguridad y ayudándole a permanecer en el momento presente. PRISSL ayuda también al resto de miembros de la familia o la pareja del cliente a escuchar con más calma. COMPONENTES DE PRISSL: PALABRAS del propio cliente. El terapeuta recoge y usa las expresiones del propio cliente para describir su experiencia emocional y valida dicha experiencia. REPETIR las palabras. Es importante repetir las palabras y frases clave del cliente varias veces. IMÁGENES. Dar prioridad a las imágenes, ya que capturan y mantienen la emoción mejor que los conceptos abstractos. SIMPLE (el lenguaje) Es esencial que nuestras frases sean sencillas y cortas, para favorecer el procesamiento emocional sobre el lógico. SUAVE (el tono) Un tono de voz suave y calmado, relaja a las personas y les anima a experimentar más profundamente el momento presente y a tomar pequeños riesgos en la sesión. LENTO (el ritmo) El ritmo lento permite que la experiencia emocional se ralentice. Se explicarán los componentes PRISSL detalladamente con ejemplos y a continuación los participantes tendrán la oportunidad de practicarlos en un role-play. Número máximo de participantes: 30. Estructura del Workshop: 1- Descripción detallada con ejemplos de cada uno de los componentes PRISSL. 2- Role-play: En grupos de 3 y cambiando de rol cada 10 minutos, los participantes tendrán la oportunidad de usar las intervenciones PRISSL como terapeutas y experimentarlas como clientes y observadores. Los participantes pueden hacer preguntas a la ponente durante el propio role-play. 3- Feedback y puesta en común. 4- Q&A y resumen.

Have You Seen My Childhood? Understanding Grief In Adopted Children Across The Lifespan

Karmen Smith - USA

Short Description: Adoptees and foster children from various backgrounds struggle with feelings of grief and loss throughout their life due to absent parents and frequent displacements. The purpose of this presentation is to help family therapists assist in the reduction of suffering throughout the developmental years of the children in this population.

Abstract: Adoptees and foster children from various backgrounds often struggle with feelings of grief and loss throughout their life due to absent parents and their subsequent relinquishment by previous caregivers. Techniques on how to assess, conceptualize, and treat grief and loss experienced by foster and adoptive children are sparsely dispersed across the different fields of mental health. The noticeable lack of research on this topic within the field of marriage and family therapy (MFT) remains a disservice to front-line professionals and the families they serve. The purpose of this presentation is to help MFTs assist in the reduction of suffering throughout the developmental years of the children in this population. Participants of this workshop have the opportunity to (a) increase their understanding on the intersectionality of adoption, human development, and grief, (b) identify ways to assist in the reduction of suffering throughout the developmental years of the children in this population, (c) and explore techniques on how to foster resiliency and recovery within the family system.

Workshop On The Use Of Emotionally Focussed Therapy (EFT) Techniques In Therapeutic Sessions. Learning About RISSSC

Amaya Arana Rivero - United Kingdom

Lola Fatás García - Spain

Short Description: Participants will learn and practice RISSSC techniques; that are core non verbal EFT skills. Using RISSSC, therapists can encourage and guide their clients into a deeper engagement with his or her emotional experience. Working in small groups, participants will be able to experience and observe these techniques.

Abstract: The goal of this workshop is to allow participants to learn, recognise and experience RISSSC interventions in a role play: as observers, clients and as therapists. RISSSC is the acronym that represents the core nonverbal practices of the EFT therapist. In therapy, it is vital that the therapist's verbal and nonverbal messages remain congruent. Therapists choose the right intervention, at each step in the therapy process. The therapist can promote safety and contact with a certain kind of stance, voice and eye contact, and can also promote a stronger alliance with the client. These nonverbal practices, detailed underneath, are used to invite the client into a deeper engagement with his or her emotional experience. RISSSC Repeat key words and phrases. It is important to repeat key words and phrases a number of times Images that evoke emotions. Images capture and hold emotion in a way that abstract works cannot. Simple Language. It is essential to keep works and phrases simple and concise. Slow the pace. Emotional experience unfolds in a session; a slow pace enables this process Soft, soothing tone. A soft voice soothes and encourages deeper experiencing and risk taking. (Use) Clients phrases. (or words). The EFT therapist notes and adopts the client's works and phrases in a collaborative and validating way. The participants will be provided with examples and definitions of these practices before having the opportunity to practice them in a role play exercise. Workshop structure: An interactive session where participation and questioning will be encouraged. 1. Detailed description and examples of each of the RISSSC components. 2. Role play exercise: Working in groups of 3, swapping roles every 10 minutes. the participants will have the opportunity to use as a therapist and experience, as a client and as an observer, the RISSSC interventions. Questions to the presenter will be welcomed and answered all through the practice. 3. Feedback from the participants: the participants will be able to share their experience and learn from each other 4. Feedback from the presenter, summarising key learning points.

Every Schoolboy Knows That Fish Don't Fly But All Birds Do - Epistemology Revisited - Towards A Pure Process Model Of Therapy

Wilfred Lax - Australia

Short Description: Since Bateson published "Every Schoolboy Knows", theory has advanced significantly; however much psychological thinking retains outdated Newtonian concepts. This paper examines epistemological implications of new scientific theory and its impact on systemic thinking. Concepts from physics are explored which may illuminate patterns in human behaviour and assist therapy.

Abstract: If we ask the questions 1. What is a 'person'? 2. How is it that they develop a 'problem'? 3. How does 'psychotherapy' 'resolve' this? , the answers to all three questions will change as we shift our epistemic frame. The revolution of systems theory was to widen the field of enquiry to include the relational context. Systems theory grappled with the associated epistemological shift developing through the structural and strategic to the systemic view. Despite this, Cartesian and Newtonian thinking have continued to dominate the way therapists theorise about the world and how they operate in it. The way we perceive and experience the world limits us in this regard. Taking its lead from Bateson's eponymous paper, this presentation re-conceptualises some of the ideas common in psychology and generates other ways of thinking as a basis for a systemic view. In 1982, Paul Dell published his landmark paper 'Beyond Homeostasis.....' There was great excitement at the arrival of the new 'ecosystemic epistemology'. A few papers followed but the whole area did not develop. Physics and our perception of the world however, have developed. This paper uses the ideas of the new epistemology in tandem with some ideas from physics. It explores the possibility that behaviour occurs in wave patterns. Understanding human activity in this way may allow us to see the process 'pattern that connects'. This pattern connects the living to the living and the living to the non -living. No mathematics or science is directly presented but the attempt is to expand the ideas of physics into the realm of human behaviour. Therapeutic potential emerges from this pure process conceptualisation of behaviour. The work of Bateson, Dell and Keeney, suggested a revolutionary shift in the way we think. It is perhaps time to revisit these ways of thinking. The ideas presented here differ from the previous ones as they include concepts from new developments in science. There is also a shift from a cybernetic and biological frame to an even wider view which reorients the field substantially. A pure process model is suggested.

Challenges Of Raising A Child With Autism Spectrum Disorder From A Systemic Perspective

Aida Jimenez - Puerto Rico

Short Description: The purpose of this qualitative study was to explore parents' perspective of living with a child with Autism Spectrum Disorder (ASD) from a systemic and ecological framework. This study underscores the need to consider relevant and important microsystems in the design, assessment, and study of treatments for persons with ASD.

Abstract: The purpose of this qualitative study was to explore parents' perspective of living with a child with Autism Spectrum Disorder (ASD) from a systemic and ecological framework. The participants were 15 parents of 13 youth with ASD who participated in a theatre research intervention. The ages of parents ranged from 31 to 56 years. Qualitative data was collected through 10 semi-structured open-ended questions. The emergent themes related with family challenges were: factors related with the child symptoms and child's future, the impact on siblings, lack of community understanding of ASD, rejection, stigma, and lack of resources. The emergent themes were consistent with an ecological model that highlights the importance of siblings, peers, health providers, educational system, and community as subsystems that can hinder or promote a healthy development in children with ASD. This study underscores the need to consider relevant and important microsystems in the design, assessment, and study of treatments for persons with ASD.

Creating Resiliency In Families And Children In The American Muslim Community

Heather Laird – USA

Short Description: This presentation examines a sustainable model created for families and children in the American Muslim Community through using techniques of resiliency psychoeducation. This model demonstrates the ability to reduce stigma toward mental health and mental illness in Muslim communities through the use of genograms, psychoeducation and applied clinical exercises.

Abstract: As part of the Albert Schweitzer Fellowship, a sustainable model for reducing the effects of Islamophobia on children ages 5-18 and their families was created during the 2016-2017 year. This presentation provides the results of this study in creating resiliency, reducing stigma and the overall effects on the community. This study and its results create an opportunity to consider social policy creation toward creating resiliency programs for all underserved and underrepresented communities. These social policies are not only relevant to American society, but could possibly translate to a broader international social policy movement.

Creating Models For Mental Health Urgent Care

Heather Laird – USA

Short Description: This presentation proposes a sustainable model for the creation of mental health urgent care systems to address the urgent and nonemergent needs of those who need mental health care.

Abstract: Most emergency rooms of hospitals and healthcare systems are unable to properly care for patients with mental health care needs or their families. There is a niche between the emergency room, inpatient care and long-term therapy. This niche has not been filled with an affordable and sustainable model to address the mental health care needs of the United States. There has been a recent investment in finding a way to alleviate these needs and address this niche. This presentation addresses a sustainable and affordable model for urgent mental health care services. This presentation includes scope of services, strategic planning, communication and financial projections of creating an urgent care for mental health care.

The GrowthModel - Creating Changing Dialogues

Marianne Grønæk - Denmark

Short Description: The GrowthModel is a frame for creating good dialogues about changes that engage all participants into the changing language. The GrowthModel is structured to handle feelings and challenging conversations. We have more than 20-year's good experience with the GrowthModel.

Abstract: The GrowthModel is being used all over Denmark. It is based on Systemic Thinking, Positioning Theory and Appreciative Inquiry. It is a frame for the conversation about challenging subjects with families, parents, children, supervision etc. The GrowthModel itself has no limits. It is a simple visual Model that can be used in all situations in order to create changes and changed behavior. The GrowthModel is being used by teachers, social workers, therapist, families, leaders, managers, professional co-work, etc.. It is successfully used in healthcare, schools, families, professional network management, etc.. The GrowthModel is a model that invite and people into the conversation about necessary changes. People are being engaged into the changes through the conversation and the changing of behavior. With The GrowthModel we focus on the people who are IN the problem and engages them through the dialogue into their own changing process. You can say that they give themselves the good advice the can use: Good advises are best for those who give them.

Positioning - A Question Of Taking And Giving Positions

Marianne Grønæk - Denmark

Short Description: Positioning thinking: Taking Positions in the Conversation - Taking Position in the Organization. It is all about Semantic Polarities: A mind Blowing tool in creating dialogues.

Abstract: Positioning thinking: Taking Positions in the Conversation - Taking Position in the Organization. It is all about Semantic Polarities: A mind Blowing tool in creating dialogues. As David said: A conflict is just a position without dialogue! David Campbell (UK) and Marianne Grønæk (DK) developed Years back the Positioning Thinking into the Semantic Polarities. Now it is used all over DK in Organizations and Institutions, in professionals Co-working, in challenging conversations, in solving conflicts, etc.. Using Semantic Polarities, we create a safe conversation with visual positions and each person can take and change its positions through the conversation. In that way a person is positioning itself and are being positions by others in the conversation. You can say it creates a picture of the positions and the changing at the same time. This Presentation will present the Semantic Polarities and will invite you into trying it in the presentation.

Pathways From Parental Acceptance-Rejection To Marital Satisfaction

Nagme Gör – Turkey

İpek Şenkal Ertürk – Turkey

Short Description: The aim of this study is to investigate the mediator role of emotion regulation difficulty and conflict resolution styles between parental acceptance-rejection and marital satisfaction. The sample of this study consists of 238 married individuals. The results of this study will be discussed in the light of relevant literature.

Abstract: In the literature, it has been shown that the quality of marriage, conceptualized as marital adjustment, marital happiness and marital satisfaction, is associated with various factors (e.g., age, duration of marriage, attachment, submissive behaviors, communication, religion etc.). Furthermore, there are studies that explain the relationship between marital satisfaction and parental acceptance rejection, conflict resolution styles and emotion regulation difficulties. However, there are no studies measuring these variables simultaneously. Hence, the aim of this study is to investigate the mediator role of emotion regulation difficulty and conflict resolution styles between parental acceptance-rejection and marital satisfaction. The sample of this study consists of 238 married individuals who were reached through snowball sampling and Surveyey Online Data Base. The participants completed Demographic Data Form, Adult version of Parental Acceptance-Rejection Questionnaire/Short Form (The Adult PARQ/Short Form), Emotion Regulation Scale, Conflict Resolution Style Scale, Dyadic Adjustment Scale. After the reliability of the Adult PARQ/Short Form was computed, it was decided to continue analyses by using this questionnaire. According to ANOVA results, there was a significant difference between genders in terms of subordination conflict resolution style. Specifically, male participants use subordination conflict resolution style more than female participants. The difficulty in expressing negative emotions and communicating with their partners might make males use subordination conflict resolution style more frequently. There was also a significant difference between newlyweds and long-term marriages in terms of parental acceptance-rejection, positive conflict resolution style, subordination conflict resolution style and marital satisfaction. According to this result, participants with long term marriages reported more mother rejection and subordination conflict resolution style, but less marriage satisfaction and positive conflict resolution style compared to newlyweds. Secondly, the results of Bootstrapping analyses that were conducted for mediation analysis showed that both positive and negative conflict resolution style and emotion regulation difficulty mediated the relationship between parental acceptance-rejection and marital satisfaction. Individuals who perceived parental rejection could have more emotion regulation difficulty and they might use less positive and more negative conflict resolution style in their relationships, which also in turn related to decrease in marital satisfaction.

Pretreatment Counseling Expectations As Predictors Of The Therapeutic Alliance

William Boone – USA

Short Description: This presentation examines the process by which outpatient mental health clinics assign clients to therapists and its negative impact on the therapeutic alliance. Moreover, it highlights the importance of the therapeutic alliance and explores alternative ways of mitigating the risk of premature termination in therapy.

Abstract: The therapeutic alliance accounts for 7% to 17% of the variance in therapeutic outcomes. Bordin (1979) suggest that the therapeutic alliance is a conscious, collaborative relationship between the client and the therapist, and should be viewed as the vehicle that facilitates the effectiveness of therapeutic techniques and processes. Clients' initial expectations of their therapists directly effect the therapeutic alliance such that clients harbor negative expectations for the therapeutic process including fears that therapy would not be collaborative, therapists would be authoritarian, or their therapist would misunderstand them (Westra et al., 2010). Establishing a strong therapeutic alliance with clients can be even more imperative in outpatient mental health clinics. In clinic settings, clients exercise little, if any, choice about their therapist. Typically, outpatient mental health clinics assign clients to therapists based on therapist availability, caseload mandates and specialized training. There is no guarantee that clients can familiarize themselves or vet their therapists prior to arriving for their first session. By contrast, clients who seek private mental health services are generally more involved in assessing the compatibility between themselves and the mental health providers they hire. Office hours, fees, and length of sessions become major factors when deciding which therapist to hire. Additionally, clients base their decisions on the therapists' specialties (i.e. depression, substance abuse, eating disorders, or family therapy), treatment approaches, education, training, licensing and or years in practice. Giving clients who seek help in outpatient and community clinics solid knowledge of staff therapists' approaches, accreditation, specialties, along with an ability to choose, has great potential to notably lower premature dropout rates in outpatient mental health clinics.

Family Therapy Training In Bangladesh: Coordinating Across Cultures

Sabiha Jahan – Bangladesh

Zahir Uddin – Bangladesh

Glenda Fredman - United Kingdom

Short Description: We present our journey of the first introductory family therapy training in Bangladesh: our collaboratively creating a context for the training; the education programme; developing systemic couple and family practice with ongoing supervision across continents. Our stories illustrate how we are using the training in our personal and professional lives.

Abstract: 'We cannot translate ...we can be guests in each others' cultures (Peter Lang after Ricoeur) In August 2015, 23 clinical psychologists from different academic and service related organizations met with two UK systemic family therapists for the first introductory family therapy training in Bangladesh. We will tell the story of this training from its inception to the present day. Guided by our systemic principles of context, collaboration, communication and connection in relationship, we demonstrate with stories from personal and professional life, how we worked collaboratively to create a context for the training, co-created an education programme across countries, coordinated across languages and worked together to develop couple and family therapy skills to fit with and honour the Bangladeshi culture. The 12-day training included the opportunity to study and use systemic concepts in personal and professional contexts through personal exercises, role play and application to examples from practice. Participants worked in learning-groups to 'live the theory' by 'languaging' in Bangla new learning from each day's training and exploring fit with Bangladeshi culture. A whole day supervision workshop, conducted by a visiting systemic therapist-supervisor from the UK, who bridges cultures having had an early childhood in Bangladesh and then educated, trained and working as a family therapist in the UK, boosted participants' confidence to extend their family practice. Of the 23 participants, currently 9 trainees are regularly offering couple and family therapy in 5 different psychotherapy setups in Bangladesh. The trainees receive Skype supervision once a month from the UK. Participants also attend regular peer supervision and study sessions to enrich and develop their systemic and family therapy competence. We will present results of a recent survey of the use of the training and demonstrate the outcome of this training with examples of practice with family and couples, as well as stories of how the training has offered opportunities in our personal lives. This workshop will offer space for reflection on how the process of training across cultures can create opportunity for development of all involved, trainers, trainees and the people we work with.

The Beginning Of Systemic Family Therapy In Thailand

Nida Limsuwan - Thailand

Short Description: Family therapy is the extremely limited psychological treatment modality in Thailand. We introduce systemic idea and practice to my colleagues including adult and child psychiatrists, nurses, psychologists and occupational therapists in my workplace. In addition, we established "Family Clinic" as a special clinic in our psychiatric outpatient unit.

Abstract: The beginning of systemic family therapy in Thailand Background: Thailand is one of developing and newly industrialised countries in Southeast Asia. There are a few number of Thai family therapists who graduated from western countries practice in different approaches. As a result, family therapy is the extremely limited psychological treatment modality in Thailand. The beginning: My colleague and I had a chance to complete Satir transformational systemic therapy 3.5 years training program in Thailand. After that, we were financially supported by Mahidol University to study systemic family therapy in Canada and United Kingdom. The major question I asked myself is how to bring what I have learned into the real world of clinical practice in Thailand. Finally, I decided to introduce systemic idea and practice to my colleagues including adult and child psychiatrists, nurses, psychologists and occupational therapists in my workplace. In addition, we established "Family Clinic" as a special clinic in our psychiatric outpatient unit. In this clinic, we provide family therapy as our main service. We have reflecting team members who have different background including nurses, psychologists, occupational therapists and psychiatric residents. We always encourage psychiatrists who refer patients to our clinic to attend their patients' family sessions. Our clinic established in February 2015. Regarding the number of staffs, we have 1 therapist, 6 reflecting team members and 1 clerk. We have serviced about 20 families with wide range of mental health problems such as depression, school refusal and suicidal attempts. We believe that any therapy will be well established in the future if they have good evidence supports their effectiveness. As a result, we translated SCORE-15 from English to Thai. The SCORE-15 Thai version is in the processes of reliability and validity test. This is the beginning of research regarding family therapy in our service. Possibility in the future: We planned to conduct parenting program which integrate Satir therapeutic beliefs, systemic ideas and behavioral techniques in order to provide positive parenting and strengthening family system. In addition, we hope that finally we will have family therapy training program in Thailand.

Prescribing Rituals, Humor, And Metaphor In Systemic Therapy

Joel Bergman – USA

Short Description: This workshop shows how prescribing rituals, humor, and metaphors is used in systemic therapy with families, couples, and individuals. “Only in the Kitchen” shows an edited DVD of an initial consultation with a young couple married for less than two years who has problems with their parents and each other.

Abstract: This workshop will show how prescribing rituals, humor, and metaphors can be used in systemic therapy with families, couples, and individuals. “Only in the Kitchen” shows an edited DVD of an initial consultation with a young couple married for less than two years who has problems with their parents and each other. Some of the clinical issues involve: helping each partner further separate from their respective families; identify and resolve couple issues related to closeness, control, sexuality, and gender differences. This particular consultation concludes with the prescription of an unconventional ritual which metaphorically captures exactly where the couple is currently stuck with their family of origin and with each other, and suggests other initial steps needed to release them from their dilemma.

Helping Families Cope With Neurological Disability

Charlotte Kahn – USA

Short Description: A family member's neurological deficits and disabilities resulting from brain damage change prior family relationships. Family therapy can be helpful in overcoming the crisis and managing ongoing relationships. Vignettes illustrate some problems and possible systemic and dynamic interventions.

Abstract: The neurological deficits and disabilities in a family member, resulting from brain damage due to strokes, accidents, or tumor-operations, invariably change the prior family relationships. Following release from the hospital and from the various therapeutic interventions offered there, family therapy can be most helpful - often quite necessary - to assist in overcoming the crisis and in managing later ongoing relationships. By means of case vignettes, several types of problems confronting brain-damaged patients and their families, as well as interventions, will be discussed from systemic and dynamic points of view. Three examples follow: 1. A brief course of therapy increased a wife's self confidence and her ability to assert herself in the vastly changed marital relationship. 2. A patient's family was in need of systemic therapy in order to remain a family by acknowledging each member's role in the situation. 3. The members of yet another family, including the patient, were bound in collusion to keep the patient dependent.

Cross Cultural Couples And Shared Trauma: Implications For Dual Trauma Treatment

Maxine Notice – USA

Short Description: Cross cultural couples experience greater risk of social stigma, aggression and violence throughout their relationships due to social injustices experienced at multiple systemic levels. The purpose of this presentation is to develop understanding of current research on cross cultural couples, and explore best treatment practices for couples within this demographic.

Abstract: Cross cultural and interracial couples struggle with increased risk of social stigma, aggression and violence throughout their relationships due to social injustices experienced at multiple systemic levels. Information on these shared experiences are scarcely examined by practitioners of couple and family therapy, or recognized as triggering events leading to the diagnosis of a trauma related illness. Continued gaps in the research literature may hinder professionals from identifying culturally sensitive ways to engage these couples in trauma focused therapy, thus perpetuating experiences of systemic insensitivity by cross cultural couples seeking therapy. Participants of this workshop have the ability to (a) increase their understanding of cross cultural couples and their connection to occurrences of trauma in various systems, (b) and identify dual trauma treatment models to reduce emotional reactivity, and increase relationship functioning.

A Solution-Focused Approach To Heartbreak And The Broken-Hearted

Paula Boros – USA

Isibel Moreno – USA

Short Description: This workshop will explore a working definition of heartbreak and ways in which Marriage and Family Therapists can identify common signs of heartbreak in the therapeutic conversation. Through a Solution-Focused Brief Therapy lens, the workshop will survey interventions and techniques that therapists can utilize while working with the brokenhearted.

Abstract: In the world of romantic relationships, heartbreak is a common happenstance. However, popular culture has trivialized the potentially traumatic experience of heartbreak. This workshop will present participants with a working definition of heartbreak, as defined by existing literature. In addition, the workshop will explore ways in which Marriage and Family Therapists can identify common signs of heartbreak in the therapeutic conversation. Through a Solution-Focused Brief Therapy lens, the workshop will survey interventions and techniques that therapists can utilize while working with the brokenhearted. This will also lead into conversations of how to engage the client who is heartbroken and how to help them make the most use of their own metaphors and life experiences in and outside of the therapy room. Implications for therapists will be shared with participants as well as future direction of research for this initiative.

Rethinking Transnational Ties In South African Emigrant Families

Maria Marchetti-Mercer – South Africa

Short Description: This paper will examine the impact of emigration on South African family life, especially on the elderly left behind, to illustrate how transnational relationships may be experienced. I will discuss some ways in which South African families maintain relational ties through the use of technology.

Abstract: In our increasingly globalized world, families have become more transnational. This requires us to think differently about family relationships, including those between the elderly and other family members. Advances in communication technology now allow people to stay connected in new ways after migration, but families who emigrate and those they leave behind still have to deal with physical absence, and have to re-create emotional connection across a distance. They also have to reconsider caregiving relationships, especially for elderly family members excluded from the migratory nucleus and left behind in the country of origin. This paper will consider relevant data from two research projects examining the impact of emigration on South African family life, especially on the elderly left behind, to illustrate how transnational relationships may be experienced. I will discuss some ways in which South African families maintain relational ties across continents, and how the burden of care may be re-negotiated in the family system. Finally, I will reflect on the role of technology in these processes, and how new technologies invite us to rethink family relationships. These new perspectives may ultimately require a new understanding of "home" as a relational concept rather than as a fixed entity.

The Influence And Involvement Of Extended Family In Family Therapy: Different Stages Of Divorce

M. Selenga Gürmen – Turkey

Short Description: Extended family plays significant role on family adjustment throughout divorce process. Yet, to date, there is no empirical investigation of how extended family is included in therapy. The current study attempted to fill this gap by exploring how extended family is included in family therapy during different stages of divorce.

Abstract: Extended family relationships play an important role in the lives of nuclear families during different stages of divorce. Extended family members can provide support for post-divorce adjustment and relationships. They can also play a hindering role in relation to divorced individuals' ongoing relationship with their former spouses. Regardless of the role that they play, extended family members are usually actively involved in the lives of their divorcing/divorced relatives. The field of family therapy emphasizes and encourages the inclusion of extended family members in therapy sessions. Despite the importance of extended family, there is no empirical study exploring its involvement in family therapy sessions. The current study attempted to fill this gap by exploring the direct and indirect involvement of extended family members on family therapy during different stages of divorce. The sample was composed of 117 divorced men and women (31% male and 69% female) who went to therapy with their former spouse at different stages of divorce. Participants were asked to report on the extent they discuss about therapy with their extended family as well as the extent that they discuss about extended family in therapy sessions. Results revealed that the indirect involvement of extended family members in family therapy sessions is low. Moreover, the majority of divorced individuals expressed opposition to including or discussing extended family members in their conjoint session with former spouses.

The Relevance Of Emotionally Focused Relationship Therapy For South African Black Couples

Elmien Lesch – South Africa

Short Description: This study investigated the relevance of the Emotionally Focused Couple Therapy (EFT) model for Black South African couples by (i) exploring the usefulness of EFT principles to conceptualise these couples' relationship functioning; and (ii) exploring South African low-income couples' experiences of the HMT relationship enhancement psycho-education workshop.

Abstract: Emotionally Focused Couple Therapy (EFT) is a leading relationship intervention model that is based on adult attachment theory and has a substantial body of research that outlines its effectiveness. The model aims to improve relationship functioning by helping a couple to foster a more secure attachment bond in their relationship. More recently, a marital enhancement workshop based on the principles and process of EFT has been developed (the Hold Me Tight (HMT) Marital Enhancement Workshop), with the aim of making the benefits of EFT more accessible to couples who desire to improve or enrich their relationships. The workshop aims to increase emotional responsiveness in non-distressed couples by facilitating accessibility, responsiveness and engagement of partners to each other. Given the lack of research on adult attachment theory and EFT in African contexts, the objective of this study was to explore the relevance of the HMT workshop for a group of Black South African couples. We used a qualitative method in which experienced couple therapists conducted in-depth interviews with 13 Black South African couples before and after they attended a HMT workshop lead by Kathryn de Bruin (a registered EFT trainer). Their views and experiences of their relationship before and after the HMT workshop were explored in the interviews. Thematic analysis was used to analyse the transcribed interviews. Overall the results indicate that the couples could relate to and apply the HMT principles in their relationships. Authors and co-workers: Elmien Lesch, Kathryn de Bruin and Colleen Anderson.

Using Therapeutic Cards In Marriage And Family Therapy

Nevin Dölek – Turkey

Short Description: Therapeutic cards are set of pictures and images that belong to an extended family of accessories for creative therapy. Images in therapeutic cards assist us in expressing and articulating events. During this workshop different ways of using therapeutic cards will be demonstrated.

Abstract: Therapeutic cards are set of pictures and images that belong to an extended family of accessories for creative therapy. Images in therapeutic cards assist us in expressing and articulating events. Historically there are many projective techniques such as the Rorschach, TAT (Thematic Apperception Test), CAT (Children Apperception Test) and HAT (Human Apperception Test). However therapeutic cards are not used for diagnostic or assessment purposes. Cards evoke and simulate the following internal processes: * Cards help create an external-internal external dialog. The cards are interactive – the card / image that one is viewing evokes an internal image that affects the way one sees the external image. * Cards / Images help create a metaphorical language that is shared between the therapist and the patient, and create a continuity in the therapy. * Cards / Images encourage association and projections. They assist us in identifying behavioral patterns, and repressed events. One can easily make one's own set of cards from postcards, journals etc. During this workshop different ways of using therapeutic cards in family and couple therapy will be demonstrated.

Integrating Expressive Arts In Family Therapy Clinical Work And Training

Beth Nemesh – Israel

Short Description: Expressive arts contribute to an array of developmental, interactional, and social objectives. Implementing expressive arts in family therapy translates neuroscientific knowledge into techniques, addressing diverse family objectives. This workshop demonstrates collaboration and use of expressive arts in family therapy, addressing the training and advanced competencies necessary for acquiring professional expertise.

Abstract: Current neuroscientific research highlights ways in which expressive arts contribute to brain development, promoting an array of individual and family developmental, interactional, and social objectives. Experiential family therapy and the use of expressive arts in family therapy translate this contemporary knowledge into techniques and interventions that can be implemented in diverse family therapy clinical settings. This growing awareness body-mind-behavior connection calls for the collaboration between expressive arts and family therapy, implementing visual art, music, movement, drama and psychodrama into family therapy clinical work. Although family therapists perceive expressive arts as having high potential and many benefits in clinical work (especially when working with families with children), the field has yet to accept and incorporate expressive arts into family therapy training and education. In this hands-on workshop participants will explore the use of expressive arts to address theoretical concepts from systemic models including Strategic, Structural, Bowenian, and Experiential. They will experience the impact of using expressive arts in addressing a range of family goals such as family communication, relationships, boundaries, coalitions, individuality, intimacy and attunement. Family therapy educators and clinicians are invited to address the training, skills, ethics, and advanced competencies necessary for professional proficiency, and for integrating expressive arts into family therapy training programs and education.

Terapia Centrada En Las Emociones. Herramientas Para El Terapeuta De Pareja Y Familia

Amaya Arana Rivero – United Kingdom

Lola Fatás – Spain

Short Description: Presentamos herramientas de TCE que los terapeutas pueden combinar para contener despliegues de afecto negativo, mejorar la conexión afectiva y el apego seguro; validación, ciclos negativos, trabajo con diádas, uso de emociones del terapeuta, distinción entre emociones primarias y secundarias, mapa de intervención y recreaciones.

Abstract: El modelo de la Terapia Centrada en las Emociones desarrollado por Sue Johnson (TCE) es una práctica basada en la evidencia que tiene como base la Teoría del Apego de Bowlby. Este enfoque ayuda a los clientes a estrechar los lazos de apego y a sintonizar con sus necesidades de conexión. La terapia familiar sistémica tiende a centrarse en el comportamiento y cognición. Como terapeutas, muchas veces nos encontramos con que las familias con las que trabajamos están atravesando situaciones difíciles y teniendo que enfrentarse a un gran sufrimiento emocional. Cuando la temperatura emocional aumenta tanto en casa como durante las sesiones, los clientes pueden des-regularse y colocarse en posiciones rígidas, resultando en situaciones de una alta conflictividad y desconexión emocional. Los terapeutas sintéticos pueden usar las técnicas aquí descritas para aumentar el sentimiento de seguridad de sus clientes durante las sesiones y para mejorar la capacidad de co-regular las emociones de los miembros de las familias con que trabajamos. La TCE combina las técnicas sistémicas y experienciales para trabajar simultáneamente las dinámicas interpersonales dentro de la familia y la realidad interior del cliente. Cuando los clientes desarrollan la habilidad de co-regularse y de reconfortarse entre ellos, la familia y el terapeuta se encuentran en un nuevo plano, en el que se pueden dar forma a nuevas formas de interacción y desarrollar un conjunto de normas y reglas más flexible. Presentamos siete técnicas y/o herramientas que los profesionales sistémicos pueden incorporar a su trabajo con parejas y familias para mejorar la conexión emocional recíproca y el apego seguro: Distinción entre emociones primarias y secundarias. Reinventando las recreaciones de Minuchin. La validación emocional versus la connotación positiva. Proporcionando una visión más generosa: de la escalada simétrica al ciclo negativo Trabajando con diádas: reparando relaciones una a una. Las emociones del terapeuta como indicador. Usando una estructura que nos da una secuencia lógica de intervenciones de carácter emocional.

Upbringing And Socialization: The Relational Imprint In The Learning Of The Interactions And The Thinking

Jorge Fernández Moya – Argentina

Short Description: Relational imprints in clinical evaluation are the result of single or repetitive meaningful facts that, in similar circumstances, reactivates in the here-and-now the same thoughts, feelings and actions of the past. These imprints act as relational proposals that require adjust to acquire proper levels of functionality.

Abstract: The relational imprints are the result of facts happened in a unique fashion or in series of facts. Due to its intensity, these facts occasion changes in the manner of thinking, feeling and acting of the person who passed through them. In front of similar circumstances, the person reactivates in the here-and-now the same thoughts, feelings and actions of the past. As a consequence, proposes the other people a new definition of the relationship that, if accepted (explicitly or implicitly), changes the relationship among these persons. Relational imprints take place into the family during the upbringing, but also among other contexts and during the whole life. Some dimensions that are relevant for the clinical work include birth order, residence or school moving, all that imply changes in the position reached by a person in the continuum between centrality and periphery in the socialization process. Likewise, changes in the family configuration due to separations, deaths, and the formation of new couples would take a relevant place regarding the relational imprints that these experiences generate in each family member. Finally, the way certain roles linked to social expectations are played, desired or rejected, the time and effort implied in changes among membership to groups, the learning of flexibility and rigidity in ideas systems, the lack of adaptation between a proposal made and the meaning conferred by who receives it, constitutes relevant dimensions for clinical evaluation.

How Do Early Career Mental Health Professionals Learn To Work With Gender And Sexual Minority Clients: What Is Competence?

Ariana Lozano – USA

Louise Head – USA

Short Description: This lecture presentation will present the results of a semi-structured interview study with a grounded theory approach that explores how early-career mental health professionals learn to work with clients who identify as gender and sexual minorities and how they learn to define clinical competence with this population.

Abstract: In the past fifty years, the family therapy field has moved from formally pathologizing minority genders and sexualities to affirming them as normative variations of human expression (Anton, 2010). Despite this progress, current family therapy students still feel under-prepared to work with this population (Hope & Chappell, 2015; Rock, Carlson, & McGeorge, 2010). Given that gender and sexual minorities seek therapy at a rate two to four times higher than cisgender and heterosexual individuals (Cochran, Mays, & Sullivan, 2003) and are at higher risk for substance abuse and suicide (Hope & Chappell, 2015), understanding how clinicians define lesbian, gay, bisexual, transgender/gender non-conforming, and queer+ (LGBTQ+) competency and learn to work with gender and sexual minorities is imperative. Through semi-structured interviews and Charmaz's approach to grounded theory, this brief presentation will explore the processes (past and present) by which early career mental health professionals acquire the knowledge, attitudes, and skills needed to work competently in the LGBTQ+ community. Data collection for this study is ongoing and will be completed by the time of the Congress. During the interviews, participants will have responded to open-ended questions that elicit reflections on what it means to work competently with individuals who identify as gender and sexual minorities, how participants' graduate programs, clinical placements, and personal lives have impacted their understanding of LGBTQ+ competence and clinical practice, and what gaps in education and experience may have affected their preparedness to work with gender and sexual minorities. Based on interviewees' descriptions of their own learning process, attendees of this presentation will explore themes and analyze what it means to work competently with individuals who identify as gender and sexual minorities to develop an approach for the future; clinical implications will be discussed.

A Home By Any Other Name? Exploration Of An Adolescent Inpatient Unit Through A Systemic Lens

Hannah Sherbersky – United Kingdom

Short Description: Hannah, a family therapist, Senior Lecturer and Programme Lead for an innovative project developing evidence based training for inpatient staff at the University of Exeter (UK), presents her doctoral research that examines how an adolescent inpatient unit operates as a system and whether the unit is considered to be 'home'.

Abstract: 'A home by any other name? Exploration of an adolescent inpatient unit through a systemic lens.' A child and adolescent inpatient unit is arguably the most medicalised environment that a young person with mental health difficulties might encounter. The structural and organisational aspects of the unit combined with the acute nature of the young person's condition necessitate a relationship at the medical therapeutic and psychotherapeutic interface. In this workshop, Hannah, a family therapist and senior lecturer in family therapy at the University of Exeter (UK), will present her doctoral research that examines how an adolescent inpatient unit operates as a system. Using an ethnographic approach, she is exploring whether staff, young people and families consider the unit to be a 'home'. Hannah is currently Programme Lead for an innovative project funded by NHS England to develop an evidence based training for inpatient staff in adolescent units across the UK. In this workshop, Hannah will draw on both these recent training developments, and her own current research ideas. Hannah has embarked on a journey that challenges the established practice within an inpatient institution and is attempting to understand how a systemic perspective can elucidate the complex issues of power, diversity, hierarchy, equality, reflexivity and the notions of 'home' and a 'secure base' within an adolescent unit. Workshop Aims; -To present on the UK's national tier 4 training developments. - To start to explore how possible it is to understand an inpatient unit systemically. - Using this systemic understanding, to question where notions of home fit within an inpatient unit? - Within an adolescent unit, how do we manage the tension between the unit as a transitional space and the unit as a secure base? - To engage and enthuse workshop participants in the question more broadly; 'what do we, as family therapists, understand home to be?'

The Therapeutic Use Of Songs In Apartheid South Africa

Augustine Nwoye – South Africa

Short Description: The unspeakable psychological damages inflicted on the oppressed majority in apartheid South Africa was met with various methods of attempted alleviation, including the use of therapeutic songs. The purpose of this presentation is to highlight these songs, and to explore the foundations of their therapeutic potency.

Abstract: The then apartheid regime in South Africa was riddled with a past that was infamous for its inhuman racial segregation and oppression. The self-serving political and discriminatory social system which the regime implemented inflicted untold hardships and psychological damages on the nation's black majority. The unspeakable physical wounds and emotional dilapidation imposed on the oppressed was met with various methods of attempted alleviation such as the use of songs of hope, consolation and resistance by members of the black majority. A critical review of some of these songs points to the foundations of their therapeutic potency. Most of them helped the oppressed to heal and endure due to their sentimental and persuasive power coupled with their functional, inspirational, educational, memory healing, instructional, and fictional ideological dimensions. The songs mirrored social reality and were effectively used to help the oppressed to actively, not passively, adapt to the exigencies of their existential restrictions. The content analysis of the songs shows that, in particular, they healed by providing comfort in circumstances of discomfort, allowing opportunity for self-expression among the oppressed masses, encouraging the entrenchment of unity that bridged the divisions of rivalry among the oppressed in other contexts, enhancing the people's sense of belonging to the common cause of survival, and galvanizing the people's intimidating endurance and unbelievable sense of future positivity. Thus, through the use of the songs, the spirits of the apartheid politically instigated prisoners were able to lift above the harsh and inhuman conditions of their daily lives in prison. But this was essentially because, in those prisons, prisoners created songs of hope and consolation to relieve discomfort, and to reduce their experiences of nausea and depression. The purpose of this presentation is to showcase some of these songs, including their lyrics and rhythms composed by the uneducated and poor blacks in prison confinement, to analyze their contents, and to formulate some theories that explain the basis of their therapeutic power.

Supervision Collaboration In MFT Training: University And Agency Best Practice Guidelines

Rebecca Cobb – USA

Amy Morgan – USA

Short Description: This presentation will review best practice guidelines for MFT supervision collaboration. The presenters will share their own experience as university and agency supervisors, highlighting factors that allowed them to be a successful collaborative team. Emphasis will be placed on navigating ethical dilemmas and supporting student interns through clinical critical incidents.

Abstract: Most MFT students will receive supervision from multiple supervisors throughout their graduate studies. Supervision often occurs simultaneously within both university and internship settings. In addition, students frequently experience transitions between supervisors in both their internship and practicum experience. Despite the emphasis on collaborative care in the treatment of clients, the MFT literature makes little mention of MFT supervision collaboration. This presentation will review best practice guidelines for MFT supervision collaboration. The presenters will share their own experience as university and agency supervisors, highlighting factors that allowed them to be a successful collaborative team. Emphasis will be placed on navigating ethical dilemmas and supporting student interns through clinical critical incidents. The presentation will begin with a description of the setting within which the presenters have provided collaborative MFT supervision. Both presenters are licensed Marriage and Family Therapists. One is an AAMFT approved supervisor and serves as Clinical Coordinator in a COAMFTE accredited program. The other is a state approved supervisor and has served as site supervisor for interns within agency settings. Each presenter will share the ways in which they have worked successfully with one another and with other supervisory teams. Tips for establishing successful collaborative supervisory relationships will be shared. In addition, the presenters will discuss ways in which to facilitate effective supervisory transitions within both university and agency settings. The presenters will highlight the importance of supervision collaboration by raising ethical dilemmas that may present if routine open communication is not established. In small groups, participants will be asked to identify the ways in which university and site supervisors could collaborate to successfully navigate these scenarios. Participants will then be asked to share their ideas with the larger group. Scenarios will include ethical dilemmas that highlight: (1) How should agency supervisors work with interns if they adhere to different ethical codes? (2) What should you do when university and agency protocol are incompatible? (3) What is the proper course of action when interns receive incongruent supervisory directives? The presentation will end with a discussion of implications for MFT educators, site supervisors, students, and the clients that they serve.

A Therapeutic Model Of Working With Self Internalized And Couple's Mutual Homophobia

Eli Sharon – Israel

Short Description: Relationship between same sex partners is essentially based on closeness and intimacy in the absence of the traditional social and family constraints. Self-internalised homophobia blocks intimate interpersonal relationship. It has to be dissociated to accomplish close relationship.

Abstract: In the absence of the traditional social and family constraints, it appears that relationship between same sex partners is essentially based on closeness, affection and intimacy. Self-internalised homophobia blocks both personal development and that of an intimate interpersonal relationship. I will present a therapeutic model based on a spiralling process of coming-out as an ongoing and reverting process of each partner individually and mutually as an identity development process. Being in a couple in this context is to develop and to grow personally together, involving mutual reflection and mutual ideas, attitudes and interests. self- and mutual homophobia, which is found in both of spouses has to be recognised and dissociated in order to accomplish intimacy and healthy close relationship. The model I present is based on the classic models of coming-out, with the addition of four key mutual components: a. The perception of self- and mutual homophobia acts as a block that hinders personal development and the creation of an intimate relationship within the couple. b. Couple and individual work on self and mutual-internalised homophobia will be conducted as part of a process of deification and dissociation. c. Quality of couple relations is influenced by the stage and attribution of the coming-out process as a meaning full component of the self-identity perception and visa-versa: the couple relation is influenced by the stage and quality of couple relations. d. The partners' perspective on the passage from one stage to a higher one, as part of the coming-out process, is influenced by the way hindering conflicts are solved. The couple's therapy shapes the repeated and the mutual coming-out into an encounter between the partners at coordinated stages. The couple's mutual internalised homophobia leads to a drop in the value of same sex relationships blocks and diminish the creation of intimacy within the couple. Eli Sharon - Marriage, Family and single therapist. A senior member of 'Shinui' institute for systemic studies in Israel.

Clinical Management Of Severe Cases In Systemic Family Therapy In Multidisciplinary Team - Report Of An Experience

Claudia Leicand – Brazil

Daniela Rothschild – Brazil

Short Description: Description of experience developed by working with family therapy, in a public service which takes care of children and adolescents with severe mental disturbs, in a day hospital. The therapy, with limited time to be done, integrated in a multidisciplinary team act, demonstrated good and lasting results.

Abstract: This paper is about working in Family Therapy with severe cases, in a Mental Health Service within a limited period of time, in depth and good results. It has been done in the past 3 years in Day Hospital, in a public service that treats patients in semi hospitalization in multidisciplinary intervention for a period of 3 months. It is focused on children with severe psychiatric disorders, risk of suicide, situations of abuse, among others. The patients come to us after failure of outpatient treatments. The main feature of this service is that the children stay all day with their parents and in this process treatments are applied simultaneously: psychiatry, psychotherapy (individual, parental, family), pedagogical work, occupational therapy, psychoeducational groups, therapy with dogs, neuropsychology. There is constant exchange of the professionals involved in each case in weekly clinical meetings. this service also provides education for medical residents. In this context, FT works as a brief therapy, in which we approach data collection, family history, reasons and impact of semihospitalization, analysis of the evolution of the bonds of this family, the main conflicts, generational transmission, care of crisis situations and specific guidelines. The FT sessions benefit the integration of the various therapeutic approaches. At the end of the treatment we use to make a closure of the case with the family, of the main aspects worked through, and forward to the outpatient net. The cases had significant response to the therapeutical proposal at the end of treatment. clinical examples will be presented. Conclusion: it is possible to work in depth, in severe cases and of high complexitiy of mental disorders in children and adolescents, in a public service.

The Cultural Consideration Of Child Custody And Care Arrangement Assessment Of The Chinese Families With Overseas Context

Chung Yeung Martin Lau – Hong Kong

Short Description: The cultural difference plays an important role in the framework of the assessments for the cross-border dispute on child custody and care arrangement. The adoption of western assessment framework in the local Mainland Chinese families and its cultural consideration especially on the understanding of attachment would be examined.

Abstract: The cultural diversity in child custody and care arrangement assessment is getting more important in recent decades due to the increasing trend of the cross-cultural marriage, family reformation and migration. Using a standardized assessment framework to understand parenting and childcare practice of various cultures would possibly cause misinterpretation in the assessment. As there is no general childcare assessment practice in Mainland China, the Western assessment framework would be adopted when the assessment involves the overseas countries and China. However, the Western assessment framework may not provide full understanding to the Chinese parenting practices, specifically on parent-child attachment, emotional warmth, discipline and behavioural management, and daily care arrangement. These are crucial parts for considering how and where to place the children to be cared in Mainland China from overseas countries. The cultural values in parenting practice shape the specific parenting practice in different cultures, such as discipline, maternal behaviour, daily childcare arrangement, and social engagement. It is highly recommended that the cultural factors should be weighed in child custody and childcare assessment and it should not be the reason to refuse the relocation in the childcare arrangement. This presentation addresses the importance of being culturally sensitive in adopting Western assessment framework and parent-child observation towards the local Mainland Chinese families. The ways to enhance the practitioners' awareness to the Chinese parenting practice would be discussed. It is advocated that the best interest of children can be achieved only through the enhanced knowledge of clinical practitioners in cultural transition in child care arrangement.

Family Interaction With Ecosystems In Chinese Families Of Children With Mental Health Needs

Hannah Wai Ming Ho – Hong Kong

Short Description: Families of children with mental health needs are embedded in a wider socio-cultural context and they have to interact with various ecological systems such as medical system, education system and social welfare system in the help-seeking process. This presentation aims at introducing these interactional pathways in Hong Kong.

Abstract: Families of children with mental health needs are embedded in a wider socio-cultural context and they have to interact with various ecological systems such as medical system, education system and social welfare system in the help-seeking process. In the process of assessment and treatment of children with mental health needs, both children and their parents interact with various ecosystems, which could be positive or negative experiences to them. Clinical practitioners should pay attention to the interactional pathways of these families in order to render family-centered practice. There is no distinct child mental health policy in Hong Kong and children with mental health needs are categorized under the realm of rehabilitation, together with adults with mental health needs. The overall goal of rehabilitation policy is to promote the development of the capabilities of people with disability and to facilitate their integration in the society. Currently, the provision of child mental health services is dominantly individual-oriented, with focus on early identification and intervention. The family is placed as peripheral to the child in service provision. In addition, there is also a lack of coordination of multi-disciplinary service provision. There are various government departments and bureau involved in the provision of child mental health services. They are Education Bureau, Department of Health, Hospital Authority, and Social Welfare Departments. The lack of coordination of various disciplines can lead to an ineffective use of resources and inappropriate provision of services, which negatively impact the families of children with mental health needs. This presentation aims at introducing the various ecosystems that families of children with mental health needs would come across in their help-seeking process in Hong Kong. The pathways of these families in their interaction with various ecosystems would be discussed.

Filial Therapy: An Evidence-Based Family & Parenting Intervention

Daniel Sweeney – USA

Short Description: Filial therapy is a parent training program focused upon building the parent-child relationship utilizing play therapy skills. It is focused on training parents to be therapeutic change agents. It has been used effectively with multiple diverse parent/child populations. Learn the foundations of filial therapy, research, and practical application.

Abstract: The increasingly complex parenting challenges faced by the mental health profession continues to be a fundamental concern for parents and professionals alike. The need for effective and empirically sound parent training methods remains paramount. Filial therapy is such an intervention. Filial therapy is a relational parent training program which is based upon teaching parents to build and enhance the parent-child relationship through the use of basic play therapy skills. The efficacy of filial therapy as a psychotherapeutic intervention has been well established with a variety of populations, including but not limited to: single parents, parents of chronically ill children, incarcerated parents, parents of learning disabled children, non-offending parents of sexually abused children, foster families, and various ethnic populations. Efficacy measures include levels of parental stress, parental report of child problem behaviors, child self-esteem, and others. Many parent training programs focus on behavior management and control of children. While these are important aspects in the maintenance of a stable family home, they are not long-term solutions for problematic situations. Filial therapy focuses on the parent-child relationship, with the expectation that positive communication, limit-setting, and discipline will flow out of a solid parent-child relationship. Parental management and policy in the absence of a rooted parent-child relationship eventuates in problems. The proposed workshop will include a description of filial therapy, the basic therapeutic rationale, demonstration of how play therapy skills can be taught to parents, and discussion of the supportive empirical research. Presentation format would include lecture, audiovisual (PowerPoint & video demonstration), audience discussion and question/answer.

Caregivers' Understanding And Responses To Their Children With Autism Spectrum Disorder (ASD) Symptoms

Zinhle Mthomben – South Africa

Augustine Nwoye – South Africa

Short Description: This study investigated the understanding and approaches of Black South African caregivers to securing a cure for a child with Autism Spectrum Disorder symptoms. Four dominant themes emerged which centred on the frustration that both indigenous and western methods yielded little benefits.

Abstract: The purpose of this study was to investigate black South African caregivers' understanding and approaches to securing a cure for their children with ASD symptoms. Data were collected qualitatively focusing on exploring caregiver narratives. Purposive sampling technique was used to draw study participants who were of African background and had a child with a diagnosis for an Autism Spectrum Disorder. Thematic analysis was used to analyze the data collected and to give analytical meaning to the narratives. The result yielded four dominant themes regarding the level of the caregivers' understanding of Autism Spectrum Disorder and the options they followed in searching for cure for their children's illness. The study drew attention to the problem of frustration experienced by caregivers in their discovery of the fact that even their resort to both indigenous and western approaches to ASD symptoms yielded little benefits. Given these findings, a number of recommendations were made to improve policy and practice in the mental health treatment of children with autism spectrum disorder symptoms among Black South African clients.

The Significance Of Family Therapy Training To Yogo Teacher

Toshiyuki Watanabe – Japan

Takeshi Tamura – Japan

Short Description: In Japan, Almost yougo teachers were in trouble in the corresponding to the collaboration with other stuffs and the family problems. JAFT supervisor Dr. Tamura did the group supervision to Yogo teacher, and could get good effects.

Abstract: In Japan after the World War 2, Yogo teacher (school nurse) was placed in elementary school and junior high school, it has been responsible for the health care of children and the health education. During 50 years, Japanese children's health has improved by the development of child health care, and in accordance with the role of the school nurse has changed. From the 1990s, Mental problems such as school refusal and bullying has increased. Responding to such problems was also added the role of a caretaker of mental health and educator of mental problems and family systems on Yogo teacher. Iwasaki and Watanabe conducted a survey about the needs of training and difficult sense of Yogo teacher in 2015. We analyzed the contents of free descriptive answers of the 537 yougo teachers using the GTA (Grounded Theory Approach). As a result, they were in trouble in the corresponding to the collaboration with other stuffs and the family problems. In addition, They needed the training of collaboration skills and family therapy. Based on this result, JAFT (Japan Association of Family Therapy) family therapy supervisor Dr. Tamura went to continue six times the group supervision to Yogo teacher. After supervision, Participants have internalized the family system theoretical point of view. In the future, the spread of family therapy to the education of Japan, is useful for collaborative care and family support. Dissemination of family therapy became clear that important in the field of education.

Youth Drawings Of Mental Health Stigma

Ana Jimenez-Hami – USA

Short Description: Research has shown that an effective intervention for reducing mental health stigma is through the use of art. The purpose of this presentation is to explore the effect of drawings, as an expressive intervention in reducing mental health stigma with youth from diverse multi-ethnic communities.

Abstract: Research has shown that an effective intervention for reducing mental health stigma is through the use of art. The purpose of this presentation is to explore the effect of drawings, as an expressive intervention in reducing mental health stigma with a youth population. We will present the drawing of 100 youth from diverse multi-ethnic communities, including: Latinos, Chinese, Koreans, Arabs, Iranian, and Vietnamese populations. A qualitative study was conducted with one hundred youth between the ages of 13 and 18 years old, who live in Orange County, California. The participants were mental health consumers and family members of diverse multi-ethnic communities. Preliminary data will be discussed on the themes collected from the drawings by cultural groups.

Urban Refugees: Lives In Limbo

Joyce Baptist – USA

Emel Genc – Turkey

Short Description: This study investigated refugees' experiences of being 'in limbo' in a country that does not provide them with legal status or protection as they await resettlement. Themes -- constant fear/trauma, routine extortion/entrapment, and living on the outskirts have implications for professionals working with refugees with multiple resettlements.

Abstract: Asylum seekers/refugees (ASR) in Malaysia do not have legal rights or access to work, education or health care. After fleeing their homelands, ASR in Malaysia find they are in limbo and treated as irregular migrants, with no rights and no recourse to justice and subject to arrest and fines, caning, imprisonment, and deportation. To avoid being identified by authorities, many ASR flock to the cities where they try to blend in with the locals, earning the term 'urban refugees.' Fleeing one's homeland and living in peril is stressful if not traumatic. Refugees may wait years for resettlement to a more welcoming country. Burmese ASR seeking asylum in the U.S. numbered 121,000 in 2012 and 2013, the largest group resettled in the U.S. with approximately 10,000 projected to pass through Malaysia in 2015. This study focused on gaining a better understanding of the life of being a refugee in limbo in Malaysia to help clinicians be prepared to serve refugees who experienced multiple resettlements. Nine Burmese and one Pakistani ASR, a representative sampling as the UNHCR in Malaysia reports 92% of ASR are from Myanmar, were interviewed in a community clinic in Malaysia. Data analysis identified six themes -- forced to flee, constant fear/trauma, extortion and entrapment, living on the outskirts, dependent on community support and having hope. Respondents described such conditions in their countries-of-origin that fleeing into the unknown was the only alternative. However, for some ASRs this means trading one set of intolerable situation for another. The uncertainty of legal status, on-going trauma and discrimination, and the inability to legally work can lead to living in constant fear and psychological stress, and physical and mental illnesses. Support from the community and dreaming of a better future can help buffer the stress. Given the current growth of refugees, it is important for clinicians to understand the resettlement process and refugees' experiences prior to resettlement. The depth and extent of stress and trauma begin in their homelands and continues for as long as it takes to be resettled.

Couple And Family Therapy Student Burnout

Jennifer Vallin – USA

Tatiana Glebova – USA

Short Description: This literature review will summarize existing knowledge on burnout in clinical training programs to gain a better understanding of what couple and family therapy graduate students are experiencing, the impact on career longevity and will concluded with recommendations for discussions of self-care and burnout during supervision and graduate studies.

Abstract: Graduate studies in couple and family therapy begin the process of shaping clinicians. Becoming a couple and family therapist is not just about expanding one's knowledge base of theories and interventions, but also about personal growth and beginning to understand the world around oneself through the lens of couple and family therapy (Brus, 2006; Lue, Chen, Wang, Cheng, & Chen, 2010; Polson & Nida, 1998). Masters and doctoral level graduate students have to manage a combination of factors (academic work, personal growth, expectations, family, friends, work, clinical training/practicum, etc.) during their academic careers. These factors influence graduate students stress levels and potential for burnout. Usually trainees and interns work in community-based agencies where they have pretty heavy workloads of multi-problem cases. The well-being of developing clinicians influences their work and attitude towards future professional practice. This literature review will summarize existing knowledge on burnout in clinical training programs to gain a better understanding of what couple and family therapy graduate students are experiencing and the impact on career longevity. The review will be concluded with recommendations for discussions of self-care and burnout during supervision and graduate studies. This poster presentation also will provide a summary of needs of future research on couple and family therapy graduate student burnout.

Community Violence And Impact On Mother-Child Attachment

Aysa Concepción – Puerto Rico

Aida L. Jimenez – Puerto Rico

Short Description: Exposure to violence is associated with negative health consequences to children. However, little is known of the impact of community violence on parent-child attachment. The purpose of this presentation is to present preliminary data on the effects of community violence on the attachment of children ages 6 to 12.

Abstract: Violence has been characterized as a "public health epidemic" in Puerto Rico and the United States. Exposure to violence has been associated with negative consequences to the physical, emotional and mental health of children, adolescents and adults. However, little research has focused on the impact of chronic community violence on parent-child attachment. The purpose of this presentation is to present preliminary data on the effects of community violence on the attachment of children ages 6 to 12 to their primary caregiver. It is a cross-sectional, non-experimental design study. The sample consists of 200 mothers or primary caretakers of children between the ages of 6 to 12, from low social economic class that live in high risk neighborhoods in Puerto Rico. Preliminary data will be discussed.

Social Justice Considerations For Clinicians Working With LGBTQ+ Families

Louise Head – USA

Short Description: This brief presentation illustrates how LGBTQ+ families are frequently structured in ways that help them to resist minority stress and explores how clinicians can affirm the unique strengths and challenges that LGBTQ+ families navigate.

Abstract: In the past decades, changing social and political climates around the world are making it easier for lesbian, gay, transgender/gender non-conforming, and queer (LGBTQ+) individuals to create unions, have children, and parent. In the United States, 37% of individuals identifying as sexual minorities and gender minorities have children (Gates, 2013) yet there is limited literature guiding family therapy approaches with LGBTQ+ families (Vaccaro, 2010). This brief presentation will provide a framework to help family therapists understand and affirm the ways in which LGBTQ+ families are affected by, and subsequently confront, cis-heteronormativity. Cis-heteronormativity is the implicit assumption that being heterosexual and having a gender-identity that matches one's natal sex is both normal and preferable. These assumptions erase and devalue the diverse realities of LGBTQ+ families. LGBTQ+ families feel immense societal pressure to produce heterosexual, cisgender children within two-partner, married relationships (Lev, 2010) when, for example, they may actually be multi-parenting, consensually non-monogamous, genderqueer, or raising children to be "queer-positive" (Vaccaro, 2010). To adequately serve the LGBTQ+ community, family therapists must resist the instinct to frame family process through a cisgender and heterosexual lens and must instead acknowledge and support families in developing rich narratives around their intentional and functional differences from normative families (Fitzgerald, 2010, Freedman & Combs, 1996). The first step for family therapists is recognizing how the LGBTQ+ community "does family" in alternative ways (Morgan, 1999; Perlesz et al., 2006; Stiles, 2002) to consciously validate queer identities and resist oppression (Chilomé, 2016; Dunne, 2000). For example, LGBTQ+ parents may use names such as "baba" or "monie" rather than "dad" or "mom" to resist the erasure of their gender identity in parenting roles (Alston-Stepnitz, 2016; Jude, 2015) or form chosen families based on socio-emotional, not biological, ties (Perlesz et al., 2006). Attendees of this brief presentation will examine how cis-heteronormativity adversely impacts LGBTQ+ families, will hear case examples of alternative ways that LGBTQ+ individuals might choose to "do family" (Perlesz et al., 2006), and will explore how to incorporate these perspectives into clinical work with LGBTQ+ families.

The Monadnock Region System Of Care Grant: A Phenomenological Exploration Of Families' Experiences Of The Mental Health System Of Care In The Monadnock Region

Karmen Smith – USA

Seon Kim – USA

Short Description: Limited access to mental healthcare agencies and incongruencies between programs and the needs of families, creates gaps between the intent of programming and the experience of the community they serve. Researchers explored families' experience of the mental healthcare system to elevate their voice and empower their partnering with policy makers.

Abstract: The Monadnock Region System of Care in Cheshire County received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address the needs of at-risk youth and families in the region. The purpose of this phenomenological inquiry was to develop a deeper understanding of how families currently experience the mental health programs in the region and impacted the resulting impact on the utilization of these programs. Researchers used semi-structured interviews to explore the families experience with the current mental health care system in the Monadnock region. By partnering and actively working with program and policy makers in the community, families feel self-empowered to care for both their personal well-being and that of the community. Bronfenbrenner's Ecological Systems Model was used to organize identified themes, as it best depicted the family's connection to the mental health system throughout its life span. As a result of this research, Cheshire County was awarded the Systems of Care federal grant through SAMHSA and will be partnering with AUNE to provide training for marriage and family therapists and clinical support to the region on trauma-informed home-based services. This study is just one example of how socially just research can influence policy and bring family voices to the forefront.

Systemic Treatment Of Comorbid Medical And Sexual Concerns

Jennifer Connor – USA

Short Description: When sex is problematic, it can reduce a relationship's vitality and intimacy. Presenters will describe a systemic treatment approach for comorbid medical and sexual health concerns. A case study of vulvodynia will be utilized for discussion. Building resiliency in relationships through the Sexual Health Model will be explored.

Abstract: When sex is not going well, it can reduce a relationship's vitality and intimacy – leaving room for conflict, affairs, and separation (McCarthy, 2002). A medical condition has the potential to leave an imprint in the sexual relationship. Often medical conditions are approached individually – with little attention given to sexual outcomes. In this workshop the presenters will describe a systemic approach for providing relationship therapy for couples with sexual health concerns due to a medical problem. The presenters will present how to build resiliency in relationships via the lens of the Sexual Health Model (Robinson et al., 2002). The ten components of this model are: Talking about sex; Culture & sexual identity; Sexual anatomy functioning; Sexual healthcare & safer sex; Challenges; Body Image; Masturbation & fantasy; Positive sexuality; Intimacy & relationships; Spirituality. This model was originally developed by one of the presenters with colleagues in relation to HIV, but has been used extensively with a myriad of sexual dysfunctions, medical problems, as well in sexual education to address positive sexuality. As an example, the presenters will discuss how relational therapists can systemically assist those coping with a medical issue that affects sexuality (vulvodynia - i.e. unexplained vulvar pain). The presenters will present a case study in which a married 35 year old Mexican-American heterosexual woman presents with vulvodynia to a clinic in the U.S., stating her pain level interferes with her ability to engage in vaginal intercourse. Both members of the couple express distress about their lack of sexual intimacy throughout the duration of their 18 year marriage. The presenters will ask the audience members to meet in small groups and address the following: (1) their comfort level with the topic, (2) application aspects of the Sexual Health Model to the case; (3) what therapy models would be relevant to the case (e.g. Emotion Focused Therapy). In conclusion, it is essential to approach sexual problems holistically. Utilizing the Sexual Health Model – and framing medical problems through our systems lens allows for moving beyond treating one part of the body (anatomy) to embrace the person and couple in their greater context.

Termination Of A Romantic Relationship: Predominant Feelings In Young Adults

Eliana Piccoli Zordan – Brazil

Mariash Piccoli Zordan – Brazil

Short Description: The objective of this study was to investigate the experience of young adults after the termination of a romantic relationship. Participants were 30 adults, 13 men and 17 women, all between the ages of 20 and 25, residents of a small city in Rio Grande do Sul, Brazil.

Abstract: Romantic relationships are understood as a social affective phenomenon that encompasses the feelings and processes of communication involved in the dynamics of love relations. The literature indicates that the termination of a romantic relationship can evoke intense mobilization of emotions, as it involves changes and requires an internal and/or external reorganization. It can also provoke a grieving process as a natural and expected response after an important loss. The objective of this study was to investigate the experience of young adults after the termination of a romantic relationship. Participants were 30 adults, 13 men and 17 women, all between the ages of 20 and 25, residents of a small city in Rio Grande do Sul, Brazil. The instrument utilized was the "Scale of Feelings Experienced After Termination of Romantic Relationships" (Pereira, Souza, Marcondes, Trierweiler & Cruz, 2012). Data analysis was performed following the instructions of the scale's developers. The results indicated a predominance of positive feelings after the termination of a romantic relationship, both for men and for women, though with differing intensity. Women scored higher in negative feelings compared to men, which suggests greater suffering on their part. Men tend to experience their suffering in a less severe manner, behaving and showing their feelings in more discrete forms. The fact that positive and not negative feelings were predominant, may be related to new values that are in vogue in contemporary society, such as the repudiation of suffering, consumerism, hedonism, disposability, and transience. In addition, society as a whole is more permissive and more naturally accepting of the change of romantic partners and the experience of serial romantic relationships. Considering the importance of romantic relationships and their rupture for mental health and quality of life, it is recommended that other studies be developed, with larger sample sizes, to contribute more broadly to the comprehension and possibilities of psychosocial and therapeutic interventions regarding this phenomenon.

'Outsider Witness Group' As A Means For Professional Growth Among Family Therapy Trainees: An Exploratory Study

Yochay Nadan – Israel

Short Description: In the proposed brief presentation, findings from an exploratory qualitative study dealing with the contribution of participation in "Outsider Witness Group" (OWG) (White, 2007) to the professional growth of family therapy trainees will be presented and discussed.

Abstract: In the proposed brief presentation, findings from an exploratory qualitative study dealing with the contribution of participation in "Outsider Witness Group" (OWG) (White, 2007) to the professional growth of family therapy trainees will be presented and discussed. OWG is a common practice in narrative family therapy, in which people hear and bear witness to the preferred accounts of a family, and are then invited to reflect and respond in a structured way that leads to a rich description of these preferred accounts. At the Barcai Institute in Tel-Aviv, we use the OWG practice as part of our practicums: the live supervision groups we conduct with our trainees. In some sessions we offer the families the opportunity to experience OWG – to listen to the group of trainees who listened to them and hear their reflections regarding what they have just heard in the session. Similar to what is already known in the literature, the impact of such practice on the families is dramatic, and is often perceived by families as milestones in their therapeutic process. Throughout the years we have noticed that participating in OWG is also a very powerful experience for our trainees and for us, the supervisors, as it provides moments of excitement and true connection with the families we meet. We therefore decided to study the impact of participating in OWG on the professional development of family therapy trainees. In this exploratory study, four focus groups were conducted, in which 20 trainees were interviewed about their experience participating in OWG as part of their training. Interviews were recorded, transcribed verbatim and analyzed based on the thematic approach (Braun & Clarke, 2006). In the proposed brief presentation, the practice of OWG will be briefly presented, followed by a presentation and discussion of our main findings concerning the impact of participating in OWG on professional growth among family therapy trainees.

Psychological Symptoms In Adolescents From Brazil: The Role Of Family Conflict And Coparenting

Clarisse Mosmann - Brazil

Short Description: Adolescents from Brazil participated in a quantitative investigation that evaluated relationships between negative coparenting dimensions and parent-child conflict on psychological symptoms. Data enlightened the importance of family coparental triangulation and conflict between the adolescent and their mother to the explication of psychological symptoms. Clinical implications are discussed.

Abstract: Coparenting in family context has been increasingly investigated, since it configures as an extremely important link between marital, parenting and repercussions on children development. The nature and magnitude of these connections have not yet been mapped out in Brazilian's context, especially from the teenager's perception. It is estimated that questioning children's perception is more reliable than parent's in these investigations, due to social desirability response from parents. The reflections on adolescent's mental health justify the need for research that seeks to unveil this complexes family interactions. Therefore this paper aimed, through an explicative, quantitative and transversal study, test direct and indirect effects between negative coparenting dimensions (conflict and triangulation) and parent-child conflict on psychological symptoms in adolescents. Participants were 229 adolescents (50.2% boys) aged between 11 and 18 years ($M=15.56$, $SD=1.97$). They were enrolled between the 7th grade of elementary school and the 2nd year of high school at public and private schools in the State of Rio Grande do Sul, Brazil. They lived in the company of at least one parent/guardian. Adolescents answered an instrument composed of four parties to examine socio-demographic variables, coparenting dimensions, parent-child conflict and youth psychological symptoms. Data were analysed using descriptive and inferential analysis. Through structural equation modeling we hypothesized that negative coparenting (triangulation and conflict of mother and father) would directly predict psychological symptoms (internalizing and extenalizing) and be indirectly mediated by family conflict (intensity of conflict between the adolescent and their parent). The final model supported only the mediated relationship and highlighted the importance of family coparental triangulation and the conflict between the adolescent and their mother to the explication of psychological symptoms. We expect that this empirical data provide evidences for the advancement of research about coparenting and family relations, specifically on offspring mental health reverberations. It is estimated that this evidence will base future interventions aimed at improving family relationships in terms of prevention and treatment, from the identification of risk and protective factors for adolescence mental health.

Marital Conflict Resolution: A Proposed Psychoeducational Intervention For Couples

Adriana Wagner – Brazil

Short Description: This is the psychoeducational program for couples called "Couple Life: Sharing the challenge", which aims to promote marital health through expanding the strategy range used in coping with their everyday conflicts and to promote marital quality. The program characteristics and outcomes of the interventions already undertaken will be discussed.

Abstract: The conjugal life is one of the most intimate and meaningful in the lives of adults, reverberating both in health and individual well-being of the spouses as the other family members. Because of that, we have developed a psychoeducational program for couples called "Couple Life: Sharing the challenge." This program aims to encourage the couples to expand the strategy range used in tackling their conflicts as well as to promote marital quality by optimizing the relationship protective factors. The program is structured in six workshops to be developed with groups of couples. Partial data collected from 48 participants who completed the program indicate an average satisfaction of 5.06, on a Likert scale where 1 = not at all satisfied and 6 = very satisfied. In the evaluation interviews of the moderators of 10 groups of couples, it was observed by them that the program reverberated in conjugality from the participant couples in four aspects: a) Related to conflicts: fomented reflection of couples about major conflict issues that they experienced in their relationship. Many couples come to modify the management strategies of such disagreements. b) Related to affectivity: there was greater physical and emotional proximity in couples along the workshops. c) Related to evaluation of their conjugality: couples began to evaluate their relationship, recognizing what holds them together and / or identifying the need for seeking marital therapy. d) Types of Changes in Relationship: Some couples showed no change or that change was noted in only one spouse. The working approach to conjugality still occurs primarily in therapeutic level when the symptom is already established. Thus, this proposed intervention is constituted as an instrument to help guiding the marital conflict, in order to prevent relationships to be worn-out and promote well-being and marital quality.

Beyond Cultural Competency: Exploring Your Developmental Edge

Desiree Seponski – USA

Ashley Davis – USA

Short Description: Research has demonstrated that family therapists can overlook contextual issues in therapy. This poster presents reflexive questions that invite therapists' awareness of their developmental edges. Methods and strategies are presented that incorporate peer-reviewed research to assist therapists in adopting a culturally responsive therapeutic stance.

Abstract: Marriage and family therapists are increasingly attending to the delivery of mental health services that are culturally responsive and sensitive to clients' gender, ethnicity, race, religion, and ability (AAMFT, 2015). These topics are woven into Master's and Doctoral curriculums during formal training, and are available as seminars for continuing education. Despite these advances it is not an easy process to incorporate cultural responsiveness into clinical practice. Research has demonstrated that beginning and seasoned family therapists alike can overlook gender and contextual issues, failing to intentionally and consistently use responsive therapeutic interventions (Haddock, MacPhee, & Zimmerman, 2001). Family therapists must continuously challenge their awareness of contextual and gender issues, maintain training standards, and gain peer support to intentionally integrate cultural responsiveness into clinical practice (Esmiol, Knudson-Martin, & Delgado, 2012). This poster presentation will present strategies for personal reflections on the topic of intersectionality and the therapist's identification of diversity topics developmental edges. Methods are presented to assist therapists in busting popular cultural myths and personal implicit biases about minority groups and mental health treatment. Strategies are offered to instruct therapists on how they can adjust recruitment strategies, service delivery, setting and location format, as well as include immediate and extended family, provide culturally relevant reading material, and/or use a cultural consult or advisory board (Seponski, Bermudez, & Lewis, 2012). All strategies integrate the recent body of peer-reviewed research on culturally responsive therapy practices, reports from the surgeon general, and clinical experiences of MFTs who use cultural advocates and advisory boards. Through a series of outlined reflexive questions, participants are invited to a dialogue about their own development stages and needs in treating diverse clientele.

Culturally Responsive Training: International Settings And Non-Native Trainers

Desiree Seponski – USA

Ashley Davis – USA

Short Description: In family therapy's global expansion, it is vital to understand the experiences of student-therapists abroad. This responsive evaluation explores Cambodian student-therapists' experience of therapy training by non-Cambodians. A number of training issues emerged which will be discussed and implications for future training will be addressed.

Abstract: Training family therapists is a complex task complicated further when non-native teachers train in international settings. There is growing body of research focused on foreign-born therapists and training in the United States (Ng & Smith, 2009), foreign-born professors in academic settings in the US (Rastogi & Woolford-Hunt, 2005), and the relationship between international supervisees and US supervisors (Mori, Inman, & Caskie, 2009). These studies have increased culturally responsive training in the United States but have overlooked the experiences of students learning in their home countries. To extend culturally responsive training to global settings it is crucial to develop research with student-therapists from countries outside the US and their experiences of therapeutic models developed for Western-clients and non-native teachers. The current study reports on findings of Cambodian student-therapists' experience of being trained by non-Cambodia therapists. Data to support this paper are drawn from one grant-funded family therapy research project conducted in Cambodia. Utilizing a responsive evaluation methodology, data were triangulated across multiple stakeholders. Participants included therapists-in-training (N =16), and faculty, supervisors, and administrators of the university program (N =11). Data collection occurred through multiple methods including interviews, surveys, focus groups, case illustrations, and observations. Constant comparative analysis was used. Overwhelmingly, most students agreed that the trainer was good, brief, educated, and responsive to their learning needs. They appreciated that attending the training gave them a properly validated certification. In fact, some felt most confident in using EMDR (as opposed to using other models) because they had had an official training. Students and cultural advisors voiced numerous concerns for future training. Themes in the training category were 1) language issues, 2) training issues, 3) clear requirements, 4) outside of course, 5) location, and 6) additional skills needed. While the findings specifically discuss EMDR as an example, the lessons learned are likely transferable to family therapy models and trainings, as they are not model specific but emphasize the larger systemic context. These will be discussed in detail and implications for training will be outlined.

Peace Through Congruent Living

Anna Maria Low – Singapore

Short Description: "Let there be peace on earth and let it begin with me." Virginia Satir (1916-1988) in her book, *The New Peoplemaking*, sees it as – Peace Within, Peace Between and Peace Among. I will present Virginia's 8 essentials of Congruent Living as a way to Peace.

Abstract: "Let there be peace on earth and let it begin with me" is a line from a popular song which in my culture is usually sung on New Year's Day, much like a New Year's resolution. According to Virginia Satir (1916-1988) in her book, *The New Peoplemaking*, the process goes like this – Peace Within, Peace Between and Peace Among. In her book she said that, "We have the intelligence and skill to create splendid and sometimes awesome technology. We have yet to work out a reliable way for the people of the world to live and work together. Now we need to use our intelligence to achieve this." And let's join her in wondering, "What would happen if suddenly during one night, all seven and a half billion persons in the world learned the essentials of congruent living." I will present Virginia's 8 essentials of Congruent Living as a way to Peace. Let peace begin with me.....me and you.....and all of us.

School-Based Family Counselling (SBFC): A Changing Model In School And Family Counselling

Gertina J. van Schalkwyk – China

Short Description: In this presentation, I discuss the SBFC model exploring its application and implications for providing child and family counselling both in and outside the school settings. I will report on both individual cases and findings from research for a changing model for family counselling of expats and migrant populations.

Abstract: The developing world is characterised by an ever-increasing exposure to dual-income families, globalisation, increased mobility, and access to the electronic media. This requires constant re-examination of models of school and family counselling and how we should address the different interfaces of child, school, and family in a broad systems approach. Self-initiated expatriation and/or migration away from war-torn zones of the world has become a common phenomenon requiring not only cultural sensitivity in counselling practice but also new initiatives to provide mental health services. School-Based Family Counselling (SBFC) provides an integration of school counselling and family counselling and serves as a meta-model to conceptualize problems in the context of all interpersonal networks: couple, family, child, school (teacher, principal, other students), and community. The purpose of this paper is to discuss the SBFC model and to explore the application and implications of the SBFC model for high mobility individuals, expat families, migrants and other minority groups. I will report on both individual cases and findings from a discovery-oriented research project regarding the challenges and dilemmas faced by children and families of self-initiated expatriates living in Macao, a Special Administrative Region of China. Findings reveal that both school counsellors and family counsellors should collaborate around the frequently experienced sense of inflicted loneliness and displacement due to a lack of belongingness and social support. Both parents and children living away from their country of origin experience social relationship deficits that put them at risk for disabling mental health and risk-laden behaviour. I also discuss potential enabling modalities that could be developed through integrating school and family counselling in a coherent system in the interface between clinical and educational settings.

Historical Development Of Supervision Knowledge

Mo Yuen Han – Hong Kong

Short Description: This presentation discussed the development of knowledge in social work supervision throughout histories. Themes or trends of supervision were identified. The 2000s were, for the most part, as supervision was affected by different forces. A multi-faceted approach to knowledge building was being advocated.

Abstract: Supervision was a highly dynamic and multi-faceted discipline which demanded supervisors to fulfill various expectations and responsibilities. This presentation discussed the development of knowledge in social work supervision throughout histories. Social work supervision had long been defined as an educational process for social workers to maintain the quality of service (Robinson, 1949). Supervisors were expected to support supervisee professional development, facilitate the self-growth of supervisee and develop a reflective practice. Since Kadushin's (1976) title, *Supervision in Social Work* had placed the focus on the practice principles and techniques of administrative supervision, educational supervision, supportive supervision and evaluation which was applicable to a wide variety of settings. Themes or trends of supervision were identified through a literature review. The earliest literatures focused on the clinical purpose of supervision, diverted attention to enhance casework skills of their supervisees. Numerous models of supervision had been established and applied in 1900s. For example, Kadushin's model (1992) of supervision functions; Shulman (1992) advocated interactional model of supervision; Tsui and Ho (1998) developed a culturally sensitive model of social work supervision; and Kaiser's (1997) model of supervisory relationship. The different models were of equal importance and they were all used in ways that guided understanding and action. The 2000s were, for the most part, as supervision was affected by different forces. Unlike many past decades, the researchers took a slightly different approach by holding that culture, racism, feminism, political context had made an effect to define supervision and to make it as a new operation. Factors such as managerialism, professional standards and practice accountability affected the practice of social work supervision deeply. Therefore, a multi-faceted approach to knowledge building was being advocated. It is our view that, to advance knowledge in social work supervision, the development needs to establish a) a knowledge base in measuring supervision influences on service outcomes; b) knowledge to evaluate the effectiveness of various supervision models; c) knowledge for contemporary social work practices especially by drawing from different disciplines; and d) Consider the ways of capturing, sharing and using knowledge in supervision more effectively.

Living Renal Transplantation And Family System

Toshiyuki Watanabe – Japan

Short Description: Family therapist was join the Living Renal transplantation team with Biopsychosocial model. The mood of Recipients and Donors significantly improved. The divergence of FACES scores between donors and recipients were reduced , and the Family type changed from midrange type and extreme type to Balanced type after RTx.

Abstract: Living Renal transplantation (LRTx) is the most implemented large number of organ transplants in Japan. This transplantation is a experience that be shared one Kidney in the family members such as Mother and son , Husband and wife etc. I (Toshiyuki Watanabe,MD and Family therapist) was join the LRTx team in two General Hospital from 2010 until now.From attending with Biopsychosocial point of view, After LRTx , Recipients and Donors average points of POMS were significantly improved. After one year, their mood states had been maintained. The divergence of FACES scores between donors and recipients were reduced after LRTx , and the Family type changed from midrange type and extreme type to Balanced type. A result of family therapist has joined the LRTx team with the BPS model, team staff began to understand patients and family with BPS model. Success of LRTx improved the three detention (Biological , psychological and social) of donor, recipient and family.

A Tool For Connection: Using The Person Of The Therapist Model In Emotionally Focused Therapy

Senem Zeytinoglu Saydam – Turkey

Alba Nino – USA

Short Description: In this workshop, the presenters aim to create a roadmap for the therapists interested in working from an EFT perspective for using the POTT model as a tool to enhance their connection to their clients and effectiveness of their interventions.

Abstract: Emotionally Focused Couple Therapy (EFT) is a therapy model developed based on the premise that couples get stuck in vicious cycles fueled by their underlying primary emotions and unmet attachment needs (Johnson, 2004). As the negative cycle progresses, it becomes more difficult for the partners' to show their vulnerability; they resort to criticism, contempt and stonewalling. Therapists utilize EFT interventions for naming, validating, reflecting and heightening the emotions and unmet attachment needs underneath the couples' negative cycle. These interventions are used to cultivate the partners' vulnerability and capacity to become a secure base for each other. Application of these interventions requires the EFT therapists to stay in touch with and regulate their own emotions, especially when the tension increases in the sessions. Thus, therapists need to have access to tools helping them to regulate their own emotions in sessions while still staying open and vulnerable to their clients. Person-of-the-Therapist Training model (POTT; Aponte and Kissil, 2016) is a guide to effectively use the self in therapy. POTT model emphasizes the importance of increasing the therapists' understanding, awareness and acceptance of their own personal issues in order to create a more empathic connection with their clients. Since all human beings regardless of their background have their own struggles, hang-ups and insecurities, POTT model highlights how these factors can be used as tools by the therapists in the therapeutic relationship to understand their clients' experiences and be present with them during the therapeutic journey. In this workshop, the presenters aim to create a roadmap for the therapists interested in working from an EFT perspective for using the POTT model as a tool to enhance their connection to their clients and effectiveness of their interventions.

Integration Of Family Therapy And EMDR: Panic Disorder Case

Emre Konuk – Turkey

Zeynep Zat – Turkey

Short Description: Throughout the presentation the main aim is to show that family therapy interventions are effective in the treatment of symptoms such as anxiety, losing control, having a heart attack, "going crazy", and depersonalization, avoidance of particular places or situations from which escape might be difficult (or embarrassing).

Abstract: Panic disorder with agoraphobia can be a good example of the psychological problems that have major effects on relationships within a family. Since the clients experience recurrent unexpected attacks, they need to organize their life accordingly. So that, other family members require planning their days and daily lives to prevent the attack from recurring. In this presentation participants will find how 'family therapy' is effective in the treatment of panic disorder with agoraphobia and how another psychotherapy technique, Eye Movement Desensitization and Reprocessing, (EMDR) can also be integrated into family therapy only to intervene a past trauma. They also will be informed about the case formulation and developing a treatment plan focusing boyh relationship and traumas. Additionally, participants will watch a video demonstrating how to work with a client diagnosed with panic attack. Throughout the presentation the main aim is to show that family therapy interventions are effective in the treatment of symptoms such as anxiety, losing control, having a heart attack, "going crazy", and depersonalization, avoidance of particular places or situations from which escape might be difficult (or embarrassing).

Comfort Always: Finding Commonalities Between Evidence-Based And Person Centered Services

Linna Wang – USA

Marcia Michaels – USA

Tatiana Glebova – USA

Short Description: This presentation examines clinicians' experience when working with minority and immigrant populations given the competing demands for compliance to evidence-based practice while desiring to take a person centered approach. We explore possibilities to reconcile the different demands by focusing on "future evidence" that is meaningful and valid to clients.

Abstract: The last few decades witnessed two major trends in mental health services: evidence-based practice (EBP) and person-centered care. When examined individually, both trends have strong foundation and merit. When the two trends are combined, service providers, particularly those who serve minority and immigrant populations, are often pulled in two different directions. EBPs have mostly focused on specific DSM diagnoses and symptom reduction, and use assessment tools developed and standardized in the Western world. Some outcome measures may appear to be objective and devoid of cultural influence, but are actually confounded by cultural context. E.g. employment status is often used as a measure of functional status in EBP models, without considering discrimination against minorities and immigrants on the job market, nor the stigma against the mentally ill. Thus, the fundamental "evidences" were not from the populations of minority and immigrants. Person-centered care is a highly individualized and context specific approach that aims to increase clients' general functioning, allowing space for individual client's cultural values and practices. The very nature of this approach makes it hard to fit into the demand of highly structured and standardized EBP models. This presentation will examine the push-pull that clinicians experience when working with minority and immigrant populations within the context that demands compliance to EBPs. The presentation examines the third wave of therapy models that focus on mindful awareness, acceptance, spirituality, values, and relationships; that move away from the limitations of the DSM approach of minimizing symptoms to focus on the processes that narrow or expand our lives. The presentation explores possibilities to reconcile the different demands of EBP and person centered approaches by focusing on "future evidence." Instead of documenting the effects of a therapeutic model in decreasing the number of days one feels sad or the strength of that sadness, therapists will need to identify the outcome variables that are valid and meaningful to the client, focus on and document as evidence the processes such as psychological flexibility and quality of life, all within the context of each individual client's circumstances of life.

Person-Of-The-Therapist Training (POTT): Premises, Implementation And Supporting Research

Alba Nino – USA

Short Description: This will be an overview of the Person-of-the-Therapist-Training (POTT). POTT is a model that aims to enhance therapists' effectiveness by helping them use different aspects their personhood. We will discuss POTT's premises, implementation in academic settings, and research supporting its positive effects.

Abstract: The Person-of-the-Therapist-Training (POTT) is a training model developed by Dr. Harry Aponte. The main goal of this model is to help trainees better know, access and use their own selves in their clinical work. POTT emphasizes learning the intentional use of self "as is". This means that this approach is not centered on the resolution of personal issues as the way to help therapists be more clinically effective. On the contrary, this approach considers that in our struggles and challenges lie the core of our human experience. By connecting with and embracing all aspects of our personhood, including our hang ups, we as therapists can be freer and more available to be present with our clients. Furthermore, connecting with our own imperfect selves is what allows us to better understand and empathize with our clients' experiences. Even though the person of the therapist is considered a very important factor in the delivery and effectiveness of therapy, little attention has been paid to developing structured programs that focus on training the person of the therapist to enhance therapeutic effectiveness. POTT is a unique option in this area. In addition, four studies that have examined the effects of POTT on students have found positive effects in areas such as enhancing clinical abilities, developing strong therapeutic relationships, and promoting self-caring behaviors. In this presentation, participants will be introduced to the main premises of POTT. They will also learn how this training has been implemented in academic and supervisory settings. A summary of the research findings about the benefits of POTT for students will also be presented. In addition to learning about POTT's principles and research support, participants will take part in an exercise that exemplifies POTT's premises. This presentation is useful for therapists interested in learning ways to better use themselves in therapy, and for educators and supervisors who are looking for models to train future generations of couple and family therapists. The presenter is a native Spanish speaker, and has trained, published, taught and practiced both in English and Spanish.

Training To The Program "Couple Life: Sharing The Challenge"

Mariana G. Boeckel – Brazil

Adriana Wagner – Brazil

Short Description: This workshop aims to introduce the "Couple Life: Sharing the challenge" Program, which focus on expanding the strategies used in dealing with marital conflicts. Implementation of the program will be described and experienced by participants. The results on the program's effectiveness will also be presented.

Abstract: The conjugality is permeated by enjoyment and challenges. The couple life requires several skills that are still poorly researched and discussed socially. In this regard, education strategies for conjugality are of prime importance, since they aim at developing skills necessary for the maintenance and promotion of marital quality. From that, this workshop aims to enable participants to apply the Psychoeducational Program "Couple Life: Sharing the challenge" which aims to expand the repertoire of strategies used in dealing with marital conflicts, as well as to optimize aspects of marital health. Based on a study conducted with 750 couples, various topics and tools were developed in order to raise awareness and promote effective strategies. We will present experientially the six workshops that make up the program, which is designed to be applied with a group of couples. Its application contemplates a predetermined protocol, which varies according to the purpose of each meeting. Generally, the workshops are composed of psychoeducational activities to be carried out among the members of the couples, whether in the large group and as home activities distributed as follows: 1) The couple story and the marital myths; 2) Daily conflicts; 3) How to manage conflicts? The different strategies; 4) Learning to negotiate: the importance of flexibility; 5) Sexuality: a topic for two; 6) Couple entertainment: the importance of leisure in conjugal life. The average time of each session is 1 hour 30 minutes to 2 hours, and the group might be composed from 4 to 8 couples. Partial data collected from 48 participants who completed the program indicate an average satisfaction of 5.06, on a Likert scale that ranged from 1 = not at all satisfied to 6 = very satisfied. We highlight the relevance of the program due to its preventive character, allowing it to be applied in various socio-economic and cultural contexts. Such initiatives promote marital health and impact significantly on the quality of family life and hence the emotional health of all its members.

Couples Infidelity: Why Brazilian Men And Women Cheat?

Patricia Scheeren – Brazil

Adriana Wagner – Brazil

Short Description: This study describes the reasons for men and women being unfaithful. The results show 3 dimensions of reasons for infidelity: individual, relationship and context. For men and women the relationship/partner dissatisfaction was the major reason for infidelity. These findings highlight the importance of considering infidelity as a relational phenomenon.

Abstract: Several researches on the international scenario have been concerned about investigating infidelity, an important cause of divorce and conflict in couples relationships. Despite its importance, there is a lack of research about infidelity in the Brazilian population. This study aims to describe the reasons for Brazilian married or cohabiting men and women being unfaithful. Participated of the study 237 subjects aged in average of 38 years old (SD = 11.22) who reported having been unfaithful to their current partner. Participants answered a sociodemographic and a relational questionnaire, in which they described the reasons for being unfaithful with their partner. The answers were analyzed by content analysis and were classified into three dimensions: reasons concerning the individual (lack of affection, loneliness and insecurity; personal characteristics; sexual need; desire and physical attraction; search for freedom, adventure and appreciation; emotional involvement; beliefs and rules), reasons concerning the relationships (revenge, anger or hostility; partner or relationship dissatisfaction; sexual dissatisfaction) and reasons concerning the context (alcohol use; leakage problems; opportunity to betray). The results shows that for both men (14.5%) and women (29.9%) the relationship or partner dissatisfaction were the most usual reason for infidelity, even though there is a significant difference between the sexes. For men, the second most popular reason for infidelity was search for freedom, adventure and appreciation (13%) and desire and physical attraction (12.2%). For women, the results show in the second place desire and physical attraction (10.2%) and emotional involvement (9.6%). These findings highlight that men and women are experiencing infidelity in similar ways, including the reasons for betrayal. The results also show the importance of considering infidelity as a relational phenomenon since the dissatisfaction with the partner or the relationship were the main reason for infidelity. So it gives good leads for couple's therapist, about the importance to assess the quality of the relationship in couples clinical setting.

Predizendo A Infidelidade Conjugal

Patricia Scheeren – Brazil

Short Description: Este estudo verificou os preditores da infidelidade em homens e mulheres casados. Os participantes responderam um questionário do relacionamento, Escala de Ajustamento Conjugal e Escala Triangular do Amor. Os resultados mostram variáveis contextuais e do relacionamento como maiores preditoras de infidelidade.

Abstract: A infidelidade tem sido apontada como um problema devastador causador de conflitos conjugais e divórcios. Pesquisas revelam fatores envolvidos na ocorrência da infidelidade, considerando quatro domínios: características pessoais, características do parceiro(a), casamento e contexto. O presente estudo verificou os preditores da infidelidade nesses domínios. Participaram do estudo 1042 homens e mulheres brasileiros casados ou coabitando com idade média de 37 anos. Os participantes responderam um questionário sociodemográfico e de relacionamento, Escala de Ajustamento Conjugal e Escala Triangular do Amor. Os resultados mostram que 18,7% das mulheres e 35,3% dos homens foram infiéis ao seu parceiro atual, sendo a diferença significativa. As análises indicaram preditores nos quatro domínios, porém o maior poder explicativo foi para o domínio casamento. Para ambos os sexos, quando havia intenção de divórcio houve um aumento em quatro vezes da chance de ser infiel, assim como quando havia um modelo de não-infidelidade dos pais diminuiu 61% a chance de ser infiel. Considerando o domínio das características pessoais, as mulheres com filhos tiveram duas vezes mais chance de serem infiéis. Ademais, quanto maior a idade das mulheres houve um aumento em 2% da chance de infidelidade. Para homens, quanto maiores níveis de bem-estar e prática religiosa houve uma diminuição em 13% e 71% da chance de infidelidade, respectivamente. Para o domínio contexto, mulheres que trabalhavam fora de casa tiveram duas vezes mais chance de serem infiéis. Mulheres com colegas de trabalho do mesmo sexo, tiveram suas chances diminuídas em 54%. Para homens, viajar a trabalho uma vez a cada seis meses diminuiu a chance de infidelidade em 74%. Para o domínio características do parceiro(a), homens casados com mulheres que viajavam uma vez por mês tiveram 15 vezes mais chance de serem infiéis. Esses achados sugerem que os clínicos estejam atentos a qualidade da relação para ajudar os casais a reduzir o risco de infidelidade em seu relacionamento.

A Phenomenology: Understanding Grief Of First Generation Immigrant Indian Undergraduate Students In The United States After The Death Of A Grandparent Abroad

Ramya Avadhanam – USA

Short Description: Research has widely shown that the experience of bereavement can have many profound emotional health consequences for those surviving a loss (Stroebe & Stroebe, 1987). The proposed study will investigate first generation Indian immigrant undergraduate students' grief process as it relates to the loss of a grandparent in India.

Abstract: For most bereaved individuals, though difficult, the grieving process is temporary and will resolve itself within 6 months (Balk, 2008). However, some affected students remain in a "chronic state of mourning" (Schnider, Elhai, & Gray, 2007) in which they experience symptoms such as emotional numbness, consistent yearning for the deceased, and agitation, also known as complicated grief (CG). For 10 to 15% of bereaved persons, especially those with concurrent risk factors such as other losses (Neimeyer & Burke, 2013), CG can result in long term depression, anxiety, and cardiovascular problems (Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008) that can interfere with personal development and academic success (Balk, 2008). Despite these statistics, only a small fragment of the student population seeks on-campus support services (Gallagher, 2012). Many barriers are thought to contribute to the limited professional help-seeking in college students. The purpose of this study is to explore the following two broad questions (Moustakas, 1994): What have you experienced in terms of the phenomenon (experiencing the loss of a grandparent in India while in an undergraduate program in the United States as a first-generation immigrant) and what contexts of situations have typically influenced or affected your experiences of the phenomenon? Creswell (2014) states that in addition to one or two central questions, no more than five to seven sub-questions should be asked. The sub-questions for this study include: (1) How is grief processed within the family system? (2) What might it look like for you to process grief outside of the family system? (3) What might it look like for your family to process grief outside of the family? (4) How might your immigrant status impact your experiences? (5) How might the immigrant status impact your families' experiences? (6) What is the perceived closeness of the first generation immigrant with their grandparent? Qualitative research is rooted in social constructionism: the ways in which individuals construct knowledge and make sense of their environment (Denzin & Lincoln, 2011; Mertens, 2010). The goal of this study is to learn how first generation Indian-American college students make sense of loss in their environments.

Addressing Power-Sharing Between Couples In Couple Therapy Research: A Scale Development

Fatma Arici Sahin - Turkey

Short Description: The purpose of this presentation is to introduce the “Power-Sharing Scale in Couple Relationships” developed in-line with feminist models by the presenters in Turkey. The scale’s psychometric properties and its use in couple therapy as well as the cultural context affecting its properties will be discussed.

Abstract: This study describes the process of developing the “Power-Sharing Scale in Couple Relationships”. Power-sharing is conceptualized in terms of relationship equality between partners within social/cultural context they occur and in-line gender-informed approaches in couple therapy. This conceptualization that enables partners to support each other mutually is considered as giving power to each other instead of resorting to power struggles. Starting from the fact that power relations between partners is observed in an abstract way in therapy process and the need to identify the behavioral indicators of the concept, researchers interviewed with a group of heterosexual couples in Turkey and analyzed the content of the interviews in terms of power-sharing and relationship equality. Thus, the items of the scale were created on the basis of both this qualitative study and the various definitions of the concept in the feminist-couple therapy literature. The validity and reliability analyses of the scale were carried out with sample of 642 heterosexual individuals, married or cohabiting in Turkey. Explanatory factor analysis was conducted with 400 and confirmatory factor analysis with 242 of the participants. The psychometric properties of the scale have been identified as a valid and reliable tool for couple therapy research. In this presentation, the scale development process and results of the analyses will be discussed in terms of the Western literature and cultural meanings of power-sharing and relationship equality. The discussion will also involve the scale’s use as a therapeutic tool in couple therapy.

Violence Against Children: The Inter-Sectionality Of Intervention Approaches

Hugo Kamya – Uganda

Hugo Kamya – Uganda

Short Description: How do we begin to engage in discourse on violence especially as it affects children and families? This presentation will examine violence against children in families. Family therapy as community intervention will be explored in the African context. Attention will be given to the insidious nature of violence.

Abstract: How do we begin to engage in civil discourse on addressing violence especially as it affects children and families? This presentation will examine violence as it affects children in families globally. Family therapy as community intervention will be explored in the African context. Attention will be given to the insidious nature of violence at various levels including war, community violence and gender-based violence. Several intervention approaches must take into account the different contexts that children and families inhabit. In many parts of Africa and around the world, children are targets and perpetrators of war. Children experience torture, loss and are often caught fighting on various sides of different conflicts. These children suffer several forms of exploitation. They serve as laborers, sex slaves and often are involved in ritualistic abuse. They often carry out killings at the bequest of adults. Child marriages also constitute a form of violence. All these experiences not only alienate them from others but also internally create isolation from their own psychic integrity. Any intervention will need to take into account these challenges.

Evolving Needs Of Fragile Families In Accessing Healthcare: A BPSS Model

Veronica Kuhn – USA

Short Description: Workshop will describe longitudinal dyadic research testing the biopsychosocial-spiritual (BPSS) model applied to healthcare utilization behaviors of fragile families. Results from this research provide further evidence to support the inclusion of mental healthcare in biomedical health services and the need for relationship interventions between parents to improve BPSS factors.

Abstract: Fragile families, families who are unwed at the time of the birth of a child, make up approximately 40 percent of births in the United States (Ventura, 2009). These births occur most often in minority families, who are also more likely to live in poverty (Hummer & Hamilton, 2010; Waldfogel, Craigie & Brooks-Gunn, 2010). Minority populations and those living in poverty experience poorer health and frequently delay medical treatment (Burton, & Bromell, 2010; De Marco & De Marco, 2009; Williams, 2008). Even with efforts to insure fragile families and provide better access to healthcare services, these families still drastically underuse medical services (Angel, Frias & Hill, 2005). This study tests the biopsychosocial-spiritual (BPSS) model and its application to health utilization behaviors in fragile families over time. The BPSS model considers biological, psychological, social and spiritual factors that impact family health experiences and, although not developed to address healthcare utilization, can be useful in understanding utilization issues. Unfortunately, there have been few reported studies that test or validate the full conceptual BPSS model and none that consider the model as it is related to utilization behaviors. To empirically investigate the interdependence of the BPSS model over time, this study used data from mothers and fathers over four waves of the Fragile Families and Child Wellbeing Study (n=2845). Structural equation modeling with EQS was used to test the longitudinal model. The study results provide further evidence of the applicability of the BPSS framework to support families as they interact with health systems and also offers support for the integration of medical and mental health professionals. In addition, our correlational findings (1) support the inclusion of mental healthcare in biomedical health services and (2) support the need for relational interventions between parents to improve BPSS factors and in turn impact HU. A necessary next step for this model is to test family based interventions using the BPSS model framework specifically targeted at HU. Shedding light on how intervening in the family process could impact HU and how changes in HU could improve health outcomes is critical.

Medical Family Therapy: Case Reports On Children With Physical Illness

Hiromi Tsujii – Japan

Short Description: Medical Family Therapy (MFT) provides high quality health care with less cost (Reiss-Brennan, et al, 2016). In Japan, however, MFT is not fully recognized nor practiced in medical institutions. This presentation shows how MFT was applied to a child's case and discusses the implications for its future development.

Abstract: Chronic illnesses and physical conditions in children are usually treated and managed well by physicians who focus on the biological aspect of the problem. There are, however, some complicated cases that would require more than biological intervention alone. When symptoms become more complicated and severe, the tendency is that more advanced and specialized medical intervention will focus on the patient's physical aspect by subdividing the body into its parts such as the brain, nervous system, organs, tissues, cells and so on. If no biological cause is identified, then the psychosocial aspect of the child and the family will be examined. Such either-or, cause-and-effect perspective will proceed linearly through the assessment process, sometimes in vain. This process will make the family vulnerable and powerless as it is screened and examined to see if there are any hidden causes or problems. Uncontrollable symptoms make physicians, patients and the family as a whole feel out of control. MFT would approach those cases with a biopsychosocial perspective. It is a systemic approach with a "both-and" view of the context that holds the symptoms. As it is different from a traditional medical standpoint, it would take actual practice and visible effectiveness for it to be accepted in the medical field. Medical Family Therapists assume the role of connecting the patient's body, mind, and family members, as well as the medical and co-medical staff members involved in the case. Such role and function does not fit into the traditional hierarchical and segmented organization of a hospital. The therapists' presence and perseverance will open a space for their role to be accepted. One child's case which had severe physical symptoms will be presented to show how MFT was applied in an advanced medical hospital in Tokyo. Its effectiveness, cost efficiency, and implications for future development will be discussed.

Oh My Goodness! How Did I Get Here...Again? Decreasing Recidivism In Patients With Schizophrenia

Christine Donalds-Rose – USA

Noel Rose – USA

Short Description: Recidivism in patients with schizophrenia breaks the hearts of those who love them. Presenters will share their personal experience with participants to show how collaborative care between patient's support systems and clinical support systems can greatly enhance life-long adherence to wellness thereby decreasing future relapses of loved ones.

Abstract: Participants will learn what recidivism means and how habitual tendencies of relapse impact individuals, families, and mental health facilities. They will also learn how recidivism can be decreased through alliances and coordinated systems of care. The presentation will draw on research statistics in comparing various periods as well as some of the variables of poverty, culture, and geographic region that gravely impact repeat relapse and stigmatized behavioral patterns. Patients labeled with schizophrenia have already been stigmatized in society, discriminated from holding certain jobs, discouraged from pursuing certain careers, sometimes abandoned by friends and family, and dually disabled by the same systems of care through abject and perpetual fear. These stressful emotional risk factors, whether demonstrated indirectly or directly to the patient, can create new levels of distrust, mistrust, separation, misunderstanding, and confusion and could ignite new possibilities for relapse. Tailored approaches that have worked in presenters' family of origin will be demonstrated through the use of static and dynamic metaphors specifically geared toward mothers, fathers, siblings, friends, and other relatives to help the patient adjust the confusing dichotomy of narratives that constantly play and replay within the mind. Dynamic metaphors are changeable and static metaphors are unchangeable. Presenters will show participants how to navigate between these two types of metaphors to help loved ones coordinate helpful resources, cooperate with clinical support systems, share important information to bridge gaps, weed out unhealthy influences, and design healthier pathways of influence and care for the well-being of the patient.

Growing Behind The Screen: Advantages And Disadvantages Of Technology On Child Development

Nesteren Gazioglu – Turkey

Short Description: In the recent years, research on internet and computer technologies has noticeably increased. Although ICT has provided several advantages, its disadvantages on development is one of the argument topics. Throughout this workshop, impact of screens (TV, computer, tablet, smart phone) on child development will be discussed from a theoretical perspective.

Abstract: Emerging technologies and their impact on child development is a widely discussed topic. Over the years, the discussion is mainly focused around children and screen. At the beginning, TV and its impacts were discussed; then computer screens appeared, then laptops, tablet smart phones and finally smart watches. Screen is just a tool in front of the kid, but what is going behind that screen? The main question that will be addressed in this workshop is: "What kind of impact do screens have on child development?" The development will be examined from several perspectives; emotional, cognitive, physical and psychosocial. Theoretical data and presenter's observational research data will be reviewed. Occasionally, there is a tendency to focus on the inadequacies of technology and development. Symptoms are mistakenly seen as the causes. From a broader perspective pathological use will also be addressed in order to discriminate the difference. Screens besides their disadvantages, also provides a huge range of benefits to family life and development. Why people generally focus on the dark side? So, basically the problem is not the technology; its how you use it. In the final part of the seminar, the advantages and disadvantages of screens on development will be discussed with the participants.

Re-Thinking Traditional Families In Modern Settings: Transformation Of Roles And Expectations

Özge Alkanat – Turkey

Short Description: Case conceptualization of a family will be presented, with a focus on its development in a context where traditional and modern contexts intertwine. The transformation of roles and expectations of family members, the role of therapy and the therapist, and interventions that served to be effective will be discussed.

Abstract: Family systems affect and are affected by their surrounding context. Change of roles, relationships, emotional expectations and interaction styles in the family systems are inevitable as the surrounding context changes. Moving from a traditional rural town to a modern urban city can be considered as a drastic change of context for a family, which demands adaptation and possibly a new family system formation in which traditional and modern contexts are intertwined. This kind of a new formation may not be easy for families. Not surprisingly, therapists are frequently faced with cases where the expected growth and adapting to changing context fails to meet the emotional expectations of family members. Working with such families may also be challenging for therapists because of the tendency of stability of the system, which is usually represented by family member with a resistant approach to therapy. In this presentation, the case of a stuck family system moving from a traditional urban town to a modern city will be used to represent the effects of the changing context on the family system. A genogram involving three generations of the family will be used to conceptualize the case. The transformation of roles and expectations of family members from one generation to the next will be highlighted and their impact on the relationship patterns between family members will be discussed. The role of therapy and the role of the therapist in the new intertwined context of traditional and modern life styles will be highlighted. The therapy plan and the interventions that served to be functional for all family members will be shared with the hope of providing a helpful tool for therapists working in similar contexts.

Service Learning In A Marriage And Family Therapy Program: The Unexpected Benefits

Jennifer Lambert-Shute – USA

Lana Kim – USA

Short Description: Service Learning is a stepping stone for becoming regionally aware of the clients students will be working. Regardless of a social location or economic status, Service Learning creates opportunities to become immersed in the local culture which fosters a greater application of theory and increases skills for working with clients.

Abstract: Service Learning is an educational learning method by which students actively participate in service experiences between the university and community (Feen-Calligan, 2005). Service Learning has shown to provide students with a number of benefits such as bridging the gap between individual epistemology and professional practice (Bringle & Hatcher, 1999). In clinical graduate programs such as psychology, social work, and marriage and family therapy internships or practicum experiences are used to assist student in application of theory to practice. However often these experience occur at the pinnacle of their programs (Havlik, Bialka, & Schneider, 2016). Our Service Learning program starts the minute students enter the program providing students with front-line experiences. Students provide outreach service to a variety of organizations: Child protective services, juvenile justice, and Gay Pride to name a few. For many students, specifically those who are first generation graduate students or those who have not had the opportunity to participate in formal activities such as study abroad, Service Learning is the first opportunity they have had to engage with cultures or groups that they are unfamiliar. Service Learning is the stepping stone for becoming regionally aware of the very clients students will be working. Furthermore, regardless of a social location or economic status, Service Learning creates opportunities for students to become immersed in the local culture which fosters a greater application of theory and increases their skills for working with clients. We have been capturing student's reflections of their experiences though these discussions students have revealed several unexpected benefits. Students are more aware of their community and have a much better understanding of the people who live here. We believe this is a significant benefit as these students will very soon, less than one year later, be providing psychotherapy to these people. Knowing and having a deeper understanding of the community puts the students in a better position to provide therapy which will be more culturally sensitive and more therapeutically helpful. Often times, our social locality is quite different than the community we provide service. Service Learning is one way to expand our ability for cultural humility.

Divorce: Transition To Post-Conjugality And To Co-Parenting

Mariash Piccoli Zordan – Brazil

Eliana Piccoli Zordan – Brazil

Short Description: This qualitative, descriptive and exploratory research aimed at understanding the repercussions of divorce and its implications for the new family reality, the creation of new roles as ex-spouses and the relations between parents and children. The participants live in a medium-sized municipality in the south of Brazil.

Abstract: Ending an unhappy marriage can be painful for both partners, especially when there are small children at home. However, this has been the experience of many people in Brazil, as the number of divorces grew 160% per year in past ten years. In this perspective, the theoretical model of divorce most commonly accepted involves a concept that involves stress, risk and resilience. In this model the divorce is seen as the triggering factor of a series of potentially stressful changes affecting the social and physical environment of adults and children. Considering this context this qualitative, descriptive and exploratory research aimed at understanding the repercussions of divorce and its implications for the new family reality, the creation of new roles as ex-spouses and the relations between parents and children. The study included six men and six women of medium socioeconomic and cultural level, who had broken the first marital relationship, with at least one child from this union and who were not living with a new partner. The participants live in a medium-sized municipality in the south of Brazil. The instruments used were a semi structured interview and the Familiogram (Teodoro, 2006). The interviews were submitted to content analysis and the Familiogram analyzed according to the author's instructions. The results showed that five men and five women still had conflicting relations with their former spouses, with a predominance of negative feelings, which suggests that they were unable to convert their conjugality into post-conjugality, with negative repercussions on co-parenting. It was also found that, for that reason, the responsibilities and care given to children were undertaken mainly by women, who left little room so that fathers could participate in their children's lives. These findings suggest the need for post-divorce therapeutic interventions that can contribute so that parents take a cooperative and supportive role towards their children.

Technology In The Middle: Examining A Couple Using The Satir Transformational Systemic Therapy

Sibel Erenel – Turkey

Nesteren Gazioglu - Turkey

Short Description: The aim of this workshop is to examine the impacts of technology use between couples using the Satir Transformational Systemic Therapy (STST). Throughout this workshop, a couple facing issues due to technological misuse will be addressed from the Satir Model perspective.

Abstract: As recent research shows, use of technology in couple relationship sometimes serves as a powerful tool whereas sometimes set barriers to the relationship. The barriers such as setting borders, privacy, and betrayal have an impact on the relationship. Throughout this workshop, a couple facing issues due to technological misuse will be addressed from the Satir Model perspective. The impacts on the intrapsychic and interactive systems will be examined while examining the yearnings and needs. Experiential tools such as sculpting and iceberg metaphor will be utilized.

Clinical Strategies For Involving Families In Substance Addiction Treatment

Sebastian Perumbilly – USA

Short Description: Research confirms that involving families in substance addiction treatment enhances treatment outcome. However, few studies address how this can be done. Based on qualitative research, this presentation addresses the benefits, and challenges associated with involving families in treatment, and outlines innovative clinical strategies to enhance treatment outcome.

Abstract: Substance addiction is one of the largest healthcare issues confronting the world today. It has been well documented that substance addiction causes devastating impact on patients/clients, their families, communities, and society. For instance, according to the World Health Organization report (2014), 3.3 million people died in the year 2012 as the detrimental effects of alcohol consumption alone. The death rate goes even higher when other psychoactive substances are added to this mix. Many research studies report that involving families in substance addiction treatment is clinically beneficial for the patient and families. For instance, several recent studies reported that involving family members in treatment-process has been proved to be viable and most effective both in the case of adult and adolescent patients (Rowe, 2012). Families' involvement in therapy plays a positive role in engaging reluctant clients and initiating change (Chan, 2003); significantly improves abstinence and increases treatment retention rate (Martin, Lewis, Josiah-Martin, & Sinnott, 2010); lowers drop-out rate for patients with low motivation (Martin, Lewis, Josiah-Martin & Sinnott, 2010); and contributes positively to successful treatment outcomes (Landau & Garrett, 2008; O'Farrell & Fals-Stewart, 2008;). Similarly, involving families in treatment programs is beneficial for families as well because treatment offers family members opportunities to improve their coping skills, changes their current and/or future involvement with addictive substances (Martin, Lewis, Josiah-Martin, & Sinnott, 2010); and reduces feelings of guilt and confusion and facilitate the needed change for the patient's recovery (Baharudin, Mohd-Hussin, Sumari, Mohamed, Zakaria, & Sawai, 2014). Despite these findings that give testament to the benefits of involving families in addiction treatment, very few studies address how this can be done. This presentation, based on a qualitative research method, focuses on innovative clinical strategies to involve families in treatment from the perspectives of leading addiction treatment clinicians in the United States. This presentation provides not only compelling rationale for involving families in treatment, but also addresses the benefits, and challenges associated with involving families in treatment. In addition, it outlines cutting-edge clinical strategies to enhance treatment outcome by involving families in treatment.

Multicultural Identity Development

Noah Gagner – USA

Daniel Cooper – USA

Short Description: National trends suggest an increasing prevalence of multicultural couples and families. This workshop illuminates the complex experience of identity development within current cultural, political, and social contexts. Common factors that contribute to difficulties in identity development and the implications for MFTs working with these couples and families will be explored.

Abstract: Intercultural couples and families often present in therapy dealing with conflicts related to, or underscored by, cultural differences and similarities (Killian, 2013). Transitions common during life cycle events (e.g. cohabitating, sharing finances, birth of a child) can trigger points of contention both within an individual and within a larger system (Thomas et al., 2003). This workshop will provide an introduction to the complex experiences of identity development within multicultural contexts. For intercultural couples and families, identity development is complicated and based on the enforcement of boundaries around cultural identities and limited cultural schema to reconcile multiple ideologies. Further, limited research and graduate training in identity development related to interracial identity development can create barriers for MFTs. It is critical that MFTs working within intercultural contexts understand the unique experiences of intercultural couples and families (Foeman & Nance, 2002; Seshadri & Knudson-Martin, 2013). Implications for MFTs working with intercultural clients will be examined. Presenters will draw upon their experiences of working with intercultural couples, families, and communities around identity development. Particular attention will be placed on the social (e.g. racism), cultural (e.g. stereotypes), and political (e.g. policy) factors that influence identity development and how MFTs can implement a systemic approach to their work with interracial couples and families with identity integration. Research literature, particular to MFTs, as well as, multidisciplinary literature (e.g., sociology, historical accounts, fiction) will offer guidance to MFTs to attend to the complex context surrounding interracial identity development. Participants will learn therapeutic approaches and practices which may be implemented to attend to and facilitate life cycle events and healthy identity formation.

MFTs And Social Justice

Noah Gagner – USA

Short Description: Across the geopolitical landscape, we as therapists are met directly, and/or systemically, with the effects of global civil wars, mass immigration, acts of prejudice and racism, and political rhetoric. This poster will present a social justice orientated framework for beginning/early career therapists navigating these forces.

Abstract: Across the geopolitical landscape, we as citizens, researchers, and therapists are met directly, and/or systemically, with the effects of global civil wars, mass immigration, acts of prejudice and racism, and political rhetoric (Combs & Freedman, 2012). As therapists, we are drawn to this profession in part to address and collaborate with communities to effectively combat these issues. However, these events continue to negatively impact communities, families, couples, and individuals, as well as the well-being of us as clinicians. Grassroots efforts suggest that it is necessary to take a stand as clinicians against systemic oppression (Doherty, 2016) by taking a public and private political stance. Calls from those professionals ask for us to better understand how these efforts may enhance client outcomes (Seedall, Holtrop, Parra-Cardona, 2013). As a result, it is necessary clinicians to explore further how we become socially conscientious and how this impacts therapy. In particular, this poster will focus on beginning and early career therapists, and address their ability to: (1) identify and name facets of social justice, (2) raise critical consciousness within a therapeutic context, (3) theoretical frameworks for working with clients, and (4) understand how our self-identity intersects with social justice issues.

Emerging Technologies & Families: Adaptation Of SETF/ETEF© To The Portuguese Population

Joana Carvalho - Portugal

Short Description: According to changes that ICTs are causing in everyday family life and the inexistence of an instrument to measure it, Emerging Technologies & Families Survey (Bacigalupe, 2011) is being adapted to the general population, specifically with Portuguese families (N=573 individuals). Is expected to add a contribution to family therapists' works.

Abstract: The rapid advances and incorporation of ICTs in everyday family life are causing profound changes in households. Thus, the scarce research on this influence and the inexistence of an instrument to measure with the general population, justified the adaptation of SEFT/ETEF©2011 (Emerging Technologies & Families Survey; Bacigalupe, 2011). Its original form [composed by: Demographics; Number of ICTs; Time; The family technology adoption impact scale (FTAIS); Clinical family problems (CFP); and Clinical technology attitudes (CTA)] was developed to be used by family therapists, in Spanish and English and was used in a cross-cultural study between Spain, Latin and North America. The pilot study showed the necessity to integrate two more checklists (Purpose; Context) to the original instrument. In the present study a total of 573 individuals participated (12-82 years old; M = 44.37 years, SD = 19.6 ; 44% males and 56% females), who answered an online or face-to-face survey. A psychometric analysis is being conducted (e.g., in The family technology adoption impact scale (FTAIS) the exploratory factor analysis revealed two factors which explained 56,45% of the total variance, and the analysis of the internal consistency had a Cronbach alpha of .75). In systemic work with families it is crucial to understand the role that technology plays nowadays in the development and maintenance of specific issues. Therefore, this study represents a central pace in the assessment of how individuals perceive the impact of ICTs in their own family context. Not only which kind of ICTs and time spent using them, but also the context, purpose and the perception of their role into everyday family life. In this sequence, is expected that this instrument would be a useful assessment tool, adding a contribution to family therapists in define strategies better adjusted to the families of the 21th century to cope with some challenges that ICTs are confronting them. Co-authors: Rita Francisco, Gonzalo Bacigalupe and Ana Paula Relvas.

What The Tech? Utilizing Technology In MFT Training And Professional Development

Kacy Mixon, PhD, LMFT – USA

Lee “Bob” Smith, M.S, LMFT, CCSOTS – USA

Short Description: No matter where one is in their clinical development, the presence and need for technology is ever-growing. This presentation will introduce three successful ways technology has been infused into MFT training and professional development to promote clinical growth and evolving clinician/supervisor needs.

Abstract: No matter where one is in their clinical development, the presence and need for technology is ever-growing. With the ever expanding technological advances, face-to-face, traditional didactic learning is becoming less popular and less financially feasible. This presentation will introduce three successful ways technology has been utilized and infused into MFT training and professional development to promote clinical growth and evolving clinician/supervisor needs. Participants will: 1. Explore evidence-based research supporting the infusion of technology in training and professional development 2. Learn how to integrate social media and online webinars into masters-level MFT curriculum 3. Discover various forms of online technology (webinars, podcasts, virtual learning events) that can be used for professional development programming 4. Explore ways to utilize online, competency-based training for evidence-based practice.

Competency Based Family Therapy Training Using The Satir Transformational Systemic Therapy Training: A Model From Turkey

Sibel Erenel – Turkey

Short Description: This presentation is on a competency based family therapy program using the Satir Transformational Systemic Therapy which is approved by European Family Therapy Association (EFTA). It is hoped that it can be a model for countries where family therapy is still developing.

Abstract: Virginia Satir, was one of the first Family Therapy Trainers. The Satir Model is an effective model in addressing the whole person, is growth oriented, strength based and a humanistic approach that is experiential and can help creating change and transformation in individuals, couples and families for a happier, healthier and peaceful life. Its approach helps individuals to grow to their potential. Like in therapy important components of training is the growth of the person-the therapist. To create Transformational change therapy needs to be systemic –working in the intrapsychic and interactive system, change focused, experiential and positively directional. Satir Transformational Systemic Therapy Training (STST) encompasses the same principles of the therapy itself. The process of training is based on parallel processes of learning and application of therapy. The training group becomes one system and the trainee's here-and-now experience in the learning process is a valuable vehicle in learning and growth. Trainees have a chance to process, practice apply personally and professionally. Skill development is via experiential exercises, triad work. Sibel Erenel as founding director of Satir Human Development & Family Therapy Institute (Satir İnsan Gelişimi ve Aile Terapisi Enstitüsü) has established a competency based 3/4 year family therapy certificate program in Turkey which is celebrating its 11th year. This is a joint certificate issued with Satir Institute of the Pacific. Turkey is a country where family therapy is still developing. The presenter incorporated the American Association for Marriage and Family Therapy's Core competencies and European Family Therapy Association's (EFTA) standards in the program. The institute is awarded full membership status to EFTA –TIC (Training Institutes Chamber). This presentation is on a competency based family therapy program using the Satir Transformational Systemic Therapy which is approved by European Family Therapy Association (EFTA). It is hoped that it can be a model for countries where family therapy is still developing. In the discussion the presentation will show how the common factors of the program can be applicable and the parts that can be modified.

Between A Rock And A Hard Place: Working With Moral Injury

Kacy Mixon – USA

Lee “Bob” Smith, M.S., LMFT, CCSOTS – USA

Short Description: Moral injury, or the “damage done to one’s...moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress their own moral and ethical values” (<http://moralinjuryproject.syr.edu/about-moral-injury/>), is far from new but is gaining needed acknowledgement.

Abstract: The concept of moral injury, or the “damage done to one’s conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress their own moral and ethical values or codes of conduct” (<http://moralinjuryproject.syr.edu/about-moral-injury/>), is far from new but is gaining acknowledgement among clinical professionals serving military and other affected client populations. This presentation will explore the concept of moral injury and those affected. Presenters will discuss how expanding a clinical lens to acknowledge moral injury can enhance trauma-informed therapy. Participants will: 1. Explore current literature highlighting moral injury 2. Learn what client populations are at-risk of moral injury 3. Discover various intervention strategies that infuse the concept of moral injury into existing trauma informed therapy 4. Explore ways to advocate for professional development that incorporates moral injury into trainings.

The U.S. Mothers' Perspectives On The Meaning Of Parents' Personal Growth

Sebastian Perumbilly – USA

Short Description: Parenting literature often focuses on parental strategies that promote positive behavioral outcome for children, but ignores key aspects of parents' personal growth. This presentation examines nine core components of parents' personal growth as a unit of analysis, and sheds light on critical factors that influence parenting processes.

Abstract: "Parental growth" is a clinically important topic for psychotherapists as they work with parents and couples. Most of the parenting research literature focuses on behavioral outcome on children, and ignores key aspects related to parents' personal growth. There hasn't been any study to date that systematically examined "parents' personal growth" as a unit of analysis from the perspectives of parents. Using empirical data from an online survey instrument, based on a mixed-methods approach with a focus on concurrent strategies, this research-based-presentation focuses on the U.S. mothers' perspectives (n=129) on "Parental Growth". This presentation will systematically and critically examine nine core components of parental growth as a unit of analysis; discuss critical systemic factors that influence parenting processes; and will shed light on how parenting processes potentially change parents' attitude towards self-care and professional identity. This presentation has significant clinical implications for psychotherapists working with parents and couples intending to raise family.

The Significance Of Family Therapy In An Aging Society

Toshiyuki Watanabe – Japan

Masashi Adachi – Japan

Satoshi Takahashi – Japan

Short Description: Japan's elderly family support is one of the models of developed countries that aging proceeds. We want to discuss the support of the elderly and their families in Japan in this presentation. Three Japanese presenters will report on the techniques and theories of family therapy to elderly family.

Abstract: Aging rate in Japan came to 25.1 percent in 2013. Japan is the world's most aged society now. Changes in the social system and the family system due to aging, to enhance the needs of new theories and skills of family. Japan's elderly family support is one of the models of developed countries that aging proceeds. We want to discuss the support of the elderly and their families in Japan in this presentation. Masatoshi Adachi who is Japanese sociologist will report the current situation where the aging society is brought to the family and care system .Two big mental health problems due to aging ?are? present in Japan. One is the increase of dementia patients . The other is the aging of schizophrenia patients who are long-term hospitalization. Satoshi Takahashi who is social worker will report the status of family support in the mental health of Japan. Toshiyuki Watanabe who is chairman of JAFT (Japan Association Family Therapy) will report on the techniques and theories of family therapy to elderly family.

Mental Health Scholars' Perceptions Of Systemic Evidence-Based Treatments With Latinos/as

Daniel Cooper – USA

Short Description: This study examined mental health scholars' perceptions of the effectiveness of systemic evidence-based treatments (EBTs) with Latino/a families living in the United States. Semi-structured interviews were analyzed using thematic analysis and results as well as implications for research and clinical practice will be discussed.

Abstract: The literature on Latino/a family interventions has increased over recent years (Updegraff & Umaña-Taylor, 2015). However, few studies have looked at cultural adaptations of evidence-based treatments (EBTs), which are considered the gold standard for treating mental health and improving parenting practices (Parra Cardona et al., 2012). In a review of 24 articles, Stein and Guzman (2015) found that future treatments adapted for the Latino/a community should examine how cultural values, acculturation and gender issues impact the effectiveness of interventions for Latino/a families. This study presents findings from a phenomenological research project aimed at developing a deeper understanding of these gaps in cultural fit and transportation of EBTs by conducting elite interviews with Latino/a mental health scholars involved in prevention and intervention family research. Semi-structured interviews (60-90 minutes long) were conducted with 10 Latino/a clinical scholars from around the country and analyzed using thematic analysis (van Manen, 1990). Preliminary findings support the gaps found by Stein and Guzman and indicate that scholars believe that there is a great need for EBTs to continue to educate Latino/a families on how to manage conflicting values between children and parents and how to navigate the healthcare system. Future studies are needed in the cultural adaption field to better understand the extent to which adaptations are needed and how to better implement EBTs in healthcare settings.

Adherence To Family Teletherapy Treatment In A Rural Unit Of Family Health Services In Southern Brazil

Patricia Scheeren – Brazil

Short Description: This research aims to investigate adherence to Family Teletherapy in a rural location. Twelve sessions of weekly online family therapy mixed with monthly face to face sessions were offered. Results demonstrate adherence to online treatment. Online therapy can be a very effective method to care for families in rural areas.

Abstract: The demand for better health services in rural areas has received increasing national and international attention. Rural areas have been traditionally places with few investments on the promotion of health and social care. Telemedicine is already facilitating this process in health diagnostic areas. This research aims to expand the use of telemedicine in Southern Brazil by investigating the adherence to a psychiatric and psychological treatment model called Mixed Family Teletherapy inside a rural location. Twelve sessions of weekly online family therapy, mixed with monthly face to face sessions carried out by psychologists were offered. The participants were selected for the study from the assessment carried out by the family doctor of the rural municipality. The online sessions are being held by the Skype program. In this study, the therapists are psychologists trained in individual, family and couples therapy with systemic orientation. Their work is supervised weekly online by a psychiatrist and family therapy teacher. Research has been ongoing since March 2016 and to date have been finalized two cases of online therapy and one is in progress. Preliminary results demonstrate adherence to the treatment with 100% of the participants. In the last session, the family doctor participates in the meeting, so the participants and the therapist are able to resume the treatment and the doctor is continuing working on the case. The online therapy has been shown to be a very effective method to care for families in rural areas, demonstrating as an important tool for improving the quality of life of this population that have a lack of specialized health services.

Parents' Personal Growth: A Literature Review And Suggested Clinical Framework

Sebastian Perumbilly – USA

Short Description: This research poster presents a critical review of current literature on parenting, and highlights the importance of focusing on parents' personal growth in therapy. A clinical framework to define parents' growth is offered along with practical guidelines to help clinicians assess parents' personal growth.

Abstract: Research on parenting is historically and primarily limited to a focus on its impact on children's personal-growth and well-being. It is critical that parenting research must expand its focus on identifying key elements of parental-growth as well. After providing a critical review of existing literature on parenting from the perspectives of family therapy, parenting research, and parent training and education program, and identifying its limitations, this research poster proposes that the family therapists benefit from attending more to parents' personal experiences related to how they grow while raising children. Then, a clinically-sound definition is offered on parents' personal-growth, which involves a balancing-act related to three key-domains: 1) Childcare versus self-care (i.e., balancing the child's needs with one's own personal needs); 2) Couple intimacy versus separateness (i.e., balancing the partner's needs with one's own personal needs); and, 3) Taking versus yielding personal responsibility (i.e., distinguishing what a parent is responsible for versus what others—e.g., partner, children—are responsible for). Despite the many uncertainties and challenges inherent in the parenting process, parenting offers opportunities for personal-growth and well-being, when parents thoughtfully prioritize and successfully balance personal needs and responsibilities towards their family. Learning Objectives: 1. Participants will learn about an overview of the existing literature on parenting from the perspectives of family therapy, parenting research, and parent training and education; 2. Participants will learn about an alternative framework for assessing therapy outcome based on how parents have grown in the process of raising children; and, 3. Participants will learn some clinical strategies for facilitating parent-growth in therapy.

A Modified Delphi Study On Common Training Barriers And Solutions For Mental Healthcare Professionals In Saudi Arabia

Reham Gassa – Saudi Arabia

Short Description: This presentation aims to present the research findings from a modified Delphi study about the mental healthcare professionals in the Kingdom of Saudi Arabia. The results will report on the items that received the expert endorsement as challenges regarding availabilities of professionals, services, and training barriers in the country.

Abstract: Two rounds of modified Delphi methodology utilized with 28 expert panelists from the Kingdom of Saudi Arabia with various mental and social health backgrounds endorsed training obstacles and solutions and recognized cultural challenges for working with relational difficulties. The findings show strong endorsement on barriers for access to professionals, availability of services and facilities, the present state of collaborative care, and other associated needed supports. Also, the study highlights the gap in current marital and family therapeutic interventions administered as a result of lack of professionals readiness. Moreover, only several topics concerning cultural obstacles and solutions reached the consensus by the panel. The presentation will also discuss implications and future direction to foster the development of marital and family focused interventions in Saudi Arabia.

Marital Dissatisfaction in Women Victims of Intimate Partner Violence

Mariana G. Boeckel - Brazil

Short Description: This study aims to assess marital dissatisfaction among women victims of intimate partner violence (IPV). The findings clearly indicated that the violence and mental health impacted on marital satisfaction. Understanding the factors that contribute to marital dissatisfaction of IPV victims can underscore the implicated variables in the IPV phenomenon.

Abstract: Although intimate male partner violence (IPV) has a great impact on the quality of marital relationships, few studies have assessed the specific factors that contribute to marital dissatisfaction in women victims of IPV. Based on this, the main aim of this study was to assess marital dissatisfaction among women victims of IPV. The second objective was to determine those factors that contribute to marital dissatisfaction, focusing on socio-demographic variables, physical, psychological and sexual IPV, mental health status, and coping strategies. Physically/psychologically (n=75) and psychologically abused women (n=55) were compared with a control group of non-abused women (n=52). Information was obtained through face-to-face structured interviews about socio-demographic characteristics, IPV characteristics, depressive, anxiety and post-traumatic stress disorder (PTSD) symptoms, suicidal behavior, coping strategies and marital satisfaction. Regarding the results, there were significant differences between groups in the scores of marital satisfaction questionnaire (Maudsley Marital Questionnaire -MMQ). In all three MMQ scales, the physically/psychologically and psychologically abused women differed from non-abused women, displaying higher scores of marital dissatisfaction. Mental health was a predictor of dissatisfaction in the marriage, the first factor being the PTSD total score and the second, the Anxiety State total score. The IPV variables were also predictors of marital dissatisfaction, the primary factor being the psychological IPV variable; the second factor was the sexual IPV variable. Mental health status and the psychological IPV among women victims of IPV are important predictors of marital dissatisfaction. Psychological IPV should be considered a serious type of violence that deserves full scientific attention.

Family Therapy Training In At King Abdelaziz Medical City - Saudi Arabia: Success, Challenges, And Future Direction

Omar Al-Modayfer - Saudi Arabia

Reham Gassas - Saudi Arabia

Short Description: The art of therapy requires the ability to practice the nuanced paralinguistic skills of noticing, attuning, and intuiting another's experience. This presentation will discuss how one family therapy training program teaches their interns to learn to connect and attend to another's experience, beyond the use of words.

Abstract: Therapy is art and science. However, do our teaching and training approaches facilitate therapist development in both dimensions? If our pedagogical traditions focus so heavily on cognitive theories and concepts, does it truly get at the art of the practice? In the United States, the practice of family therapy has tended to privilege cognitively and behaviorally oriented modalities. As family therapists, we recognize that change takes place at the level of cognition and behavior, but also relationally and affectively. Neuro-affective research on interpersonal biology (e.g., Siegel, 2010; and Schore, 2012) and mindsight or the internal world of the mind (Siegel, 2004, 2010), and scholars who have developed experiential, socioemotional, and emotion focused therapy approaches (e.g., Knudson-Martin & Huenergardt, 2010; Greenberg & Paivio, 1997; and Johnson 1996, 2004) highlight the importance of interpersonal attunement, connection, empathy, and intuition. Family therapy training typically takes place within traditional classroom or training clinic contexts. However, we propose that nontraditional settings provide invaluable opportunities for therapist interns to practice relational skills, particularly the nuanced paralinguistic skills of noticing, attuning, and intuiting another's experience. While it is important to recognize that the milieu of individuals from any cultural background are diverse, it is suggested that those from high context cultures (Hall, 1976) tend to be highly relational and collectivistic. In these cultures, complex meanings are conveyed through few words as meaning is made through being able to gauge the subtleties of another's experience. For example, in Korean culture, this relational skill is referred to as "noonchi". While the United States is not considered a high context culture, relational skills like "noonchi" used in high context cultures are also likely to aid western trained therapists in the art of therapeutic practice. This presentation will discuss an interprofessional care clinic that takes place annually in south Georgia which provides family therapy interns the opportunity to facilitate single session therapeutic encounters with migrant persons with whom they do not share a common spoken language. We will discuss how we help interns learn to connect and attend to another's experience, beyond the use of words.

Emerging Presence of Bodybuilding Culture, Its Implications on Mainstream Society, and What This Means for Therapists

Ben-Gassendi St. Juste - USA

Short Description: The use of social media has caused a surge in bodybuilding culture. It has gained popularity as a glamorous sport and one within which seemingly any person can participate. This presentation will help foster understanding of bodybuilding lifestyle, its implications, and prepare therapist for challenges in working with this population.

Abstract: Bodybuilding, as a sport, has been around forever. Arnold Schwarzenegger is a household name and an icon of the bodybuilding world. In recent years social media has created a swell in both the presence and interest in bodybuilding culture. Instagram and Facebook boast millions of before and after pictures of once average Jane and Joe, who took up bodybuilding and have gone pro. With the pro card come product sponsorships, instant Internet fame, and loyal fans that yearn to know exactly what steps were taken so that they can do the same. The lifestyle is glamorized in stage shots, magazine covers, and the ever-coveted 6-pack abs. The reality of bodybuilding is that it can be seen as a selfish and vane sport. Attaining and maintaining 2- 5 percent body fat is no easy feat and requires mental stamina as much as physical stamina. The almost obsessive dedication to the rigid eating and exercise schedule, as well as the preoccupation with body image and symmetry can have a negative impact on any and all relationships including the athlete's relationship with family, partner/spouse, food, and self. This purpose of this presentation is to help prepare therapists for work with clients of this population. Specifically, this presentation will 1) help therapists gain understanding of bodybuilding life and culture 2) discuss both the positive and negative implications of bodybuilding lifestyle including the risk for mental distress, 3) prepare therapists for the types of challenges with which these clients (both seasoned veterans, and budding hopefuls) may present.

Marital Therapy:Couples Finding Purpose,Meaning and a Sense of Spirituality Between Them

Geraldine Kerr - USA

Short Description: Teaching Intentional Dialogue (Hendrix, 1988) allows systemic marital therapists to help couples move from "I" to "we" in marital relationships. It is mutual giving to the relationship that creates a sense of meaning or "we-ness", a third entity in marriage; the relationship itself (Hargrave, 2000).

Abstract: A sense of connection, attachment, and presence in a marital relationship helps create a vibrant, loving, warm, and enduring marital friendship. Never before in modern times have marriages and families needed to remain strong and resilient, cushioning each other from intensity of social, economic, political, and global chaos. Strong marriages are little black boxes providing havens in what might otherwise be a cold and impersonal world. Systemic marital therapy is a venue wherein couples learn "how to" be nurturing and nourishing for each other. Marital therapy helps couples find and rekindle a sense of attachment between them that may have grown cold and distant over time. Viktor Frankl (1946) observed that the greatest task for a person is to find meaning in life. Meaning is created through choices in our lives. With humility, Frankl learned that forces beyond our control can take away everything we have except one thing - our freedom to choose how we will respond to that situation. Marriage presents many opportunities for couples to choose how they will respond to specific situations. Couples moving from "I" to "we" develop a third entity between them, the relationship. Relationship is based on who each one is, and who the couple becomes together (Hargrave, 2000). No longer focused solely on self, but rather on wants and needs of other as well, couples make an intentional decision to grow together toward something bigger than either of them individually that creates a sense of spirituality (Gaillardetz, 2007). Intentional marriage, where partners are deliberate about building their commitment and connection to each other (Doherty, 2001) represents good communication skills, constructive ways to argue and deal with conflict, and ways to be intentionally present to the relationship. By teaching Intentional Dialogue skills (Hendrix, 1988) couples are empowered to speak and listen to each other empathically. Each of us is different. Enduring marriage requires that we be uniquely who we are with each other so that "I" informs and enriches "we". With balance and both "I's" agreeing to bend at times for the greater good of "we", the marital relationship wins.

The Art of Therapy: Listening Beyond Words

Lana Kim - USA

Jennifer Lambert-Shute - USA

Short Description: The art of therapy requires the ability to practice the nuanced paralinguistic skills of noticing, attuning, and intuiting another's experience. This presentation will discuss how one family therapy training program teaches their interns to learn to connect and attend to another's experience, beyond the use of words.

Abstract: Therapy is art and science. However, do our teaching and training approaches facilitate therapist development in both dimensions? If our pedagogical traditions focus so heavily on cognitive theories and concepts, does it truly get at the art of the practice? In the United States, the practice of family therapy has tended to privilege cognitively and behaviorally oriented modalities. As family therapists, we recognize that change takes place at the level of cognition and behavior, but also relationally and affectively. Neuro-affective research on interpersonal biology (e.g., Siegel, 2010; and Schore, 2012) and mindsight or the internal world of the mind (Siegel, 2004, 2010), and scholars who have developed experiential, socioemotional, and emotion focused therapy approaches (e.g., Knudson-Martin & Huenergardt, 2010; Greenberg & Paivio, 1997; and Johnson 1996, 2004) highlight the importance of interpersonal attunement, connection, empathy, and intuition. Family therapy training typically takes place within traditional classroom or training clinic contexts. However, we propose that nontraditional settings provide invaluable opportunities for therapist interns to practice relational skills, particularly the nuanced paralinguistic skills of noticing, attuning, and intuiting another's experience. While it is important to recognize that the milieu of individuals from any cultural background are diverse, it is suggested that those from high context cultures (Hall, 1976) tend to be highly relational and collectivistic. In these cultures, complex meanings are conveyed through few words as meaning is made through being able to gauge the subtleties of another's experience. For example, in Korean culture, this relational skill is referred to as "noonchi". While the United States is not considered a high context culture, relational skills like "noonchi" used in high context cultures are also likely to aid western trained therapists in the art of therapeutic practice. This presentation will discuss an interprofessional care clinic that takes place annually in south Georgia which provides family therapy interns the opportunity to facilitate single session therapeutic encounters with migrant persons with whom they do not share a common spoken language. We will discuss how we help interns learn to connect and attend to another's experience, beyond the use of words.

Resilient Romanian Immigrant Children in Italy

Dan Ratliff - USA

Short Description: This study surveyed 881 Romanian immigrant students, aged 11-18 attending Italian schools to examine the social inclusion of Romanian immigrant families. The good news is that Romanian immigrant students report that they are doing well in Italian schools,, having good grades, supportive peer friendships, and respectful teachers.

Abstract: Romanian immigrants form the largest immigrant population in Italy, with over 1 million Romanians in Italy, accounting for 33% of all immigrants present in Italy. Italian Ministry of Education statistics indicate that over 90,000 Romanian children are enrolled in Italian schools. This study provides a unique perspective on Romanian migrants' social inclusion into one EU state through the point of view of Romanian migrant children's adjustment to Italian schools. The understanding of the social inclusion of migrants more often is based on anecdotes and stereotypes rather than evidence-based conclusions. After obtaining parental consent and subject assent, this study surveyed 881 Romanian immigrant students in middle and high school, aged 11-18, in four regions of Italy, using the School Success Profile—Romanian translation (Bowen & Richman, 2001; H?r?gu?, Roth & D?mean, 2010). Participants were recruited through Romanian cultural organizations in Puglia, Abruzzo, Marche, and Peidmonte. Stepwise regression examined the relative influence of the predictor variables of Family, Friends, Health and Well-Being, School, and Neighborhood, on the consequent variable of Self Reported Grades. The typical family situation reported by the students is that they live with both parents, the parents have a high school education, and parents are employed as unskilled laborers. Romanian students report that they are doing well in Italian school with over three quarters reporting passing grades. They are well-adjusted and optimistic. They report supportive peer friendships, responsible school behavior, and respectful relationships with their teachers. These findings counter the negative perceptions of immigrants often found in media reports. Non-discriminatory institutions such as schools allow children to succeed academically and develop supportive friendships, even as their parents work to maintain economic stability for their family.

Systemic Resilience Among Couples During Significant Life Events

Daniel Stillwell - USA

Susan Perkins - USA

Short Description: Resilience research for individuals has been growing, and researchers are beginning to articulate resilience in family systems terms. This workshop will discuss how couples resilience is similar to and different from the family model, focusing on implementing culturally sensitive, practical theory when working with couples in life transitions or trauma.

Abstract: When looking at the history of international family therapy, how the field has evolved to its current state on the topic of resilience is promising. In research and narrative for years now, individual resilience processes have been growing in awareness. Froma Walsh and Michael Ungar among others have pioneered thinking about resilience systemically for families. Ungar specifically has developed a map of family resilience patterns: posttraumatic growth, minimal impact resilience, unaffected coping, recovery, avoidant behavior, hidden resilience, and maladaptive coping. Research has a variety of suggestions for how a system should handle an event or chronic difficulty of a crisis well, but the most important one regards resource management – connection to resources outside the family system and the use of resources within the family system. This workshop will discuss how couples resilience is similar to and different from the family model. Special focus will be drawn from a research project on therapist perceptions of client factors regarding how the clinical process can shift from obstacle to opening. Adrian Blow and colleagues note, “even the worst events present an opportunity for change that might be missed if they are only viewed as negative events.” Discussion of couples systemic resilience will be developmental by highlighting life-cycle transition points (courting, marrying, children, financial issues, job/location changes, aging/dying parents, empty nesting, end of life) for couples, attending to how they differ culturally. Additionally, discussion of unfortunate but common traumatic events (community violence, infidelity, infertility, premature death, domestic violence, health concerns, recoupling, other sudden life changes) will be processed in a systematic and culturally sensitive way so that examples from the attendees may also be incorporated. Lastly, uncommon traumatic events (natural disasters, forced displacement, war, trafficking) will be discussed within the couple paradigm. Attendees will be able to articulate and implement practical theory when working with couples to promote systemic resilience for both culturally normative events as well as more traumatic ones. Since the workshop is geared for a multinational audience, examples will be given from all over the world as well as elicited from the people in attendance.

Training Practitioner-Researchers: Challenges, Possibilities, and Strategies

Susan Perkins - USA

Daniel Stillwell - USA

Short Description: Presenters will review history of practice and research in MFT, summarize systemic demands, and explore the practitioner-researcher gap. Ideas and strategies for training MFTs to blend research with practice will be discussed. Strategies include use of published research, EBPs, and primary research of one's own clinical work.

Abstract: The couple and family therapy field has long struggled with a gap between practitioners and researchers, with each group critiquing the contribution of the other. In this climate, each group gleans from the other but remains separate. However, third party payers increasingly require practitioners to justify their work empirically. Because of this, practitioners entering the MFT profession need to be able to review and use published research, practice EBPs, and provide empirical support for clinical decisions and the effectiveness of their own work. Unfortunately, many MFT students do not see themselves as researchers and have a mental and emotional block to learning research. Our challenge is to help students experience the inextricable relationship between research and excellent therapy to the degree that they would not be willing to do one without the other. To accomplish this challenge, we propose that strategies rely heavily on promoting empirical thinking in students by weaving clinical data throughout MFT courses and using case studies to illustrate application of research findings. We also recommend training students to use resources that will be available to them after graduation. Such resources will vary internationally but may include inexpensive published research and readily available statistical analysis software. Specific strategies for developing practitioner-researchers in masters' level MFT programs include inductive research class, processes for critiquing research, creative ways of fitting in-depth training in ESTs and EBPs into MFT programs, and faculty-student research teams. Strategies within the training clinic may include using clinic-based data for research, guiding students' analysis of clinic data, and asking students to complete relevant reports. Additionally, professors can model the value of research by learning from each other and regularly referring to articles. Professors can also approach supervision questions empirically and gather data about their own effectiveness. Throughout the program, international characteristics will be discussed and considered. Melding the application and research factions of the MFT profession into a cohesive practitioner-researcher identity will prepare graduates for professional success and promote the MFT profession into the future.

My Narrative vs. Theirs?

Kierra Banks - USA

Short Description: As therapists, we are not infallible and can become prone to falling into the snares of dominant discourses. This workshop aims to promote thought, provocative conversations, and stimulate healthy discussion of the drawbacks of social media and its effects on the "safe zone."

Abstract: Does social media inform the way we as therapist perform therapy? Research has shown that social constructionistic ideas are internalized, creates cognitive dissonance for those that do not fit the "standard," and can ultimately lead to mental illnesses. Subliminal messages are internalized and lead to a string of issues. These same messages can also be internalized by the therapists that treat clients battling these problems. As therapists, we are not infallible and can become prone to falling into the snares of dominant discourses. Can we identify ways to overcome biases, prejudices, generalizations, or our own internalized issues that can stem from them? This workshop aims to promote thought, provocative conversations, and stimulate healthy discussion of the drawbacks of social media and its effects on the "safe zone." The facilitator will operate through a narrative lens and will attempt to use poetry and role play to engage the audience.

African American Women, The Cost Of Resiliency, And The Negative Connotations Surrounding Therapy

Kierra Banks - USA

Short Description: Studies suggest that African American women are more likely to experience depression and anxiety. In order to support development and begin to build rapport within this underserved demographic, this workshop aims to enhance awareness and understanding of how depression and anxiety affects Black women while exploring vertical and horizontal stressors.

Abstract: Studies suggest that African American women are more likely to experience depression and anxiety than their white counterparts. Higher diagnosis of major depressive disorder (MDD) can be attributed to lower socioeconomic status (SES), poor health, gender or racial discrimination, or avoidance of mental health care. In addition to facing social constraints, African American women are highly encouraged to uphold traditional roles (i.e. "the strong Black woman", being a single parent, or being the strength of the family) and suppress emotionality. Black women are taught to just "deal" because they do not have the time or luxury to deal with mental illnesses. This is often confused with resiliency. Coincidentally, African Americans are one of the most underserved populations across the nation. Therapeutic services are greatly mistrusted by the African American community whether it is due to historical mistrust of government institutions, inclination towards religiosity, or cultural norms and beliefs. In order to support development and begin to build rapport within this underserved demographic, this workshop aims to enhance awareness and understanding of how depression and anxiety affects Black women, social constraints, and the importance of religiosity in this culture. The presenter will discuss normative cultural values that may affect interactions with patients of this culture and encourage participants to better understand their own cultural values and worldviews and how they may influence the therapeutic process in working with Black women. Factors addressed will challenge participant's ability to comprehend and treat patients in cross-cultural settings. This interactive workshop incorporates the use of poetry to open the floor for questions and discussion about key points.

Rapid Resolution Therapy; And Introduction

Katheryn Whittaker - USA

Jennifer Guerriero - USA

Short Description: Rapid Resolution Therapy is a revolutionary psychotherapeutic approach to resolving emotional and behavioral difficulties. There are dramatic improvements in thoughts, feelings and behavior. This presenter will give an overview of RRT, providing examples of why it's an important approach with families suffering from trauma and other mental health issues.

Abstract: Founded and developed by Dr. John Connelly Rapid Resolution Therapy (RRT) is a revolutionary psychotherapeutic approach to resolving emotional and behavioral difficulties. Rapid Resolution Therapy® eradicates the ongoing effects that result from painful experiences. Trauma is resolved gently and painlessly. RRT eliminates the negative emotional or behavioral influence of traumatic events, whether these experiences are remembered, repressed or forgotten. Unlike other forms of treatment, with Rapid Resolution it is not needed to relive past events or experience any pain. There are dramatic improvements in thoughts, feelings and behavior. Through lecture and video, this presenter will provide an overview of RRT, and give examples of why it is an important approach with families suffering from trauma, grief and other mental health issues.

Helping The Helper: Analyzing The Effects Of Clinical Supervision On Levels Of Burnout

Dr. Adrienne D. White - USA

Dr. Karen D. Rowland - USA

Short Description: This presentation will evaluate and identify the unique relationship between the symptoms of burnout, using the Maslach Burnout Inventory (MBI), and supervision styles, using the Supervisory Style Inventory (SSI) among marriage and family therapist in training.

Abstract: The hallmark of mental health counseling requires working with people who are experiencing current or previous pain, trauma, stress, grief, anxiety, as well as various complicated psychological needs (Maslach et al, 1996). Thus, dealing with high volumes of human suffering can often cause sadness and emotional. The constant experience of sadness and emotional fatigue can lead to a form of stress called burnout, which encompasses three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout can have several negative consequences for both the client and counselor. Although therapist in generally are highly susceptible to burnout, new counselors are extremely likely to experience symptoms of burnout more often and quickly. Studies report that novice counselors have been shown to be more vulnerable to the stresses of clinical than are experienced clinicians (Freudenberger, 1990; Tziporah and Pace, 2006). However, despite the knowledge and research on burnout, little attention is devoted to the ethical and therapeutic value of beginning counselor's psychological well-being. This presentation will evaluate and identify the unique relationship between the symptoms of burnout, using the Maslach Burnout Inventory (MBI), and supervision styles, using the Supervisory Style Inventory (SSI) among marriage and family therapist in training.

Chasing The Rainbow: Counseling Parents Of Members Of The LGBT Community

Adrienne White - USA

Kenika Holloway - USA

Short Description: This presentation will address and identify the ambiguous losses and grief related interventions to help bridge the gap between clinicians and parents of the trans-gendered persons.

Abstract: The presentation will evaluate, display, and analyze a collection of interviews and research related to how clinicians can work with families that include trans-gendered persons. Majority of the research focuses the initial reactions of parents of trans-gendered persons, however there is a paucity of investigative research addressing parents' internal process of accepting or not accepting their child's new sexuality. This presentation will address and identify the ambiguous losses and grief related interventions to help bridge the gap between clinicians and parents of the trans-gendered persons. The presentation is to highlight and to provide clinical perspective and interventions to those in a position to help parents of trans-gendered persons. This presentation will also address and identify ambiguous losses. For example, parents may mourn not having a biological grandchild if they only had one child or parents may have desired a daughter in law if they had a son. Learning Objectives: The different types of psychological distresses parents of trans-gendered persons experience. An operational definition of the culture of parents of homosexual and trans-gendered children. Statistics related to the growing of culture within parents of homosexual and trans-gendered persons. The Four components of the Ambiguous Loss Model. Four contributing factors to ambiguous loss among parents of trans-gendered persons. The different types of psychological distresses parents of trans-gendered persons experience. Knowledge of three theoretical approaches to counseling parents of parents of homosexual and trans-gendered adults. Three ways to advocate for trans-gendered families. The significance of expanding the repertoire for treatment of distresses parents of trans-gendered persons.

Use of ICT on the Family Functioning of a Sample of Puerto Rican Adults

Stephen González - USA

Short Description: Technology has changed the way people communicate, a phenomenon more keenly observed throughout the last decades. Little is known of the impact the use of ICT has on family functioning. The objective of this quantitative study was to explore the perceptions that family members have on ICT on their family.

Abstract: Technology has changed the way people communicate, a phenomenon more keenly observed throughout the last decades. However, little is known of the impact the use of information and communication technologies (ICT) has on family functioning. The objective of this quantitative study is to explore the perceptions that family members have on the effect of ICT on their family functioning. The sample included 159 participants 21 years of age or older, the majority (87%) of whom held bachelor's degrees or greater, who were born and currently residing in Puerto Rico with access to a computer. A social demographic scale was used to collect background information of the participant. The Family Functioning Style Scale (FFSS), which was translated and adapted by Alonso (1996) to the Puerto Rican population, was used to assess perception of family functioning based on perception of commitment, communication, resource mobilization and coping skills. Use of technology was measured with the Uses of Technology questionnaire developed by Kennedy, Judd, Churchward, and Gray (2008). The scale measures the frequency and skills of technology use. The data were collected through the Internet using the website PsychData, a service that is dedicated to hosting and collecting data for qualitative studies. Findings of the first hypothesis, that there would be a positive relationship between the use of ICT on family functioning, showed no significance. The second was that the different aspects of family functioning (Interactional Patterns, Family Values, Coping Strategies, Family Commitment and Resource Mobilization), as well as family functioning as a whole, can be predicted by the use of ICT. These findings too showed no significance. There were covariates that did show to be predictive of the FFSS total score: living as a couple and establishing rules for use of technology, and living as a couple, establishing rules for technology, and higher income. Establishing rules for technology may be associated with research in which clear boundaries are associated with higher family functioning (Ting & Qian, 2015). The more positive perceptions of ICT and greater competence with technology may be associated with better communication in families with higher incomes (Clark, Demont-Heinrich, & Webber, 2005).

Parentification In The Family Of Origin And Clinician Development

Jennifer Vallin - Country

Tatiana Glebova - USA

Short Description: This poster presentation will summarize contextual therapy and existing knowledge on parentification as it relates to the effects on clinician development. Recommendations for self-of-the therapist work and supervision based on the existing literature will be provided.

Abstract: Existential philosophy introduces a way of viewing human interactions and is an underpinning for contextual therapy [(Boszormanyi-Nagy & Krasner, 1987); (Buber, 1970)]. An existential way of being is best described through contextual therapy's fifth dimension- the ontic. The ontic level of contextual therapy is an addition to the original four dimensional model. This addition encompasses how a person is defined through being in relation to another when the other is viewed as ground (Ducommun-Nagy, 2002). Family of origin is the first exposure to begin the process of developing the self. Experiences from family of origin can have either a positive or negative effect on a persons. Parentification is a family of origin phenomenon that represent when a parent does not adequately tend to the needs of the child and the child takes on roles that are typical of the parent (Hooper, 2007). It is phenomena like parentification that have been found to influences internal traits that lead clinicians to enter a helping profession, such as becoming a psychotherapist (Guy, 1987). This poster presentation will summarize contextual therapy and existing knowledge on parentification as it relates to the effects on clinician development. Recommendations for self-of-the therapist work and supervision based on the existing literature will be provided. Advisor: Dr. Tatiana Glebova

Ethics, Digital Systems and Therapy in the Internet Age

Richard Stotts - USA

Short Description: As clinicians rely heavily on digital systems and electronic health records to interact with patients and colleagues, cyber security risks create ethical and legal concerns. This presentation will address ways to mitigate cyber risk.

Abstract: In 2008, the National Institutes of Health was compromised through the theft of a laptop computer containing the medical records of 2,500 patients. Similarly, Anthem, Premera, FirstCare and recently Excellus Blue Cross Blue Shield in New York were all breached using various approaches but resulting in the compromise of more than 100 million client health records. Also, the Blue Cross incident may have been in progress since at least 2013. Furthermore, the average cost of a data breach in 2014 was 3.5M\$ and 3.8M\$ in 2015. As cyber breach costs continue to rise, clinicians must assess the risk to their practice and their patients. Obviously, the liability of a data breach would concern any therapist. However, the reliance on insurance as a panacea to mitigate liability is increasingly being exposed through court decisions that hold the breached organization at fault. Even clinical practices that adhere to international, federal, state and local guidelines or governing board mandates may still be found culpable by the courts. Today, every clinician's responsibility is to understand the risks they accept for themselves, their colleagues, their patients, and our profession by recognizing the standards of cyber security within our industry. Increasingly, that means clinicians must conduct thorough risk assessments of their cyber security policies, processes and technologies - particularly when collaboration crosses international boundaries. How would family therapists assess their risk aligned to the standards of practice within our profession? What are the criteria that should be established as the minimum acceptable levels of security for clinical practice? How should standards be enforced and how can adherence to standards be legally proven? The presentation will cover these topics.

Family Therapy in Asia

Takeshi Tamura - Japan

Joyce Ma Lai-chong - Hong Kong (China, SAR)

David McGill - USA

Toshiyuki Watanabe - Japan

Short Description: Family therapy in Asia has been widely spread over the last 30 years. Synthesis and integration movement had emerged in the last ten years in Asian region. Asian Academy of Family Therapy was first established in Hong Kong. The next conference will be held in Tokyo in November 2017.

Abstract: Family therapy practice needs to include wider cultural context. Family therapy in Asia has been widely spread over the last 30 years in such countries as China, Hong Kong, Taiwan, Korea, Malaysia, Singapore and Japan. Their theory and practice had been mainly informed by the Western practitioners. Synthesis and integration movement had emerged in the last ten years in Asian region. Asian Academy of Family Therapy was first established in Hong Kong, and now started their Annual Conferences since 2014. The next conference will be held in Tokyo in November 2017. Family life and family issue are strongly reflected by the cultural value. It may be said from the cultural Universalist position that all human process shares the same principle regardless of the cultural difference. Yet it may also be said from the cultural Relativist position that cultural value may make the family life significantly different. Here are some examples; a) Children grow to leave their family of origin and form the new nuclear family in the West. Children may leave home and form a nuclear household, but their spiritual family ties with their parents remains all through their life cycle. b) Western culture value assertive communication, while the Eastern culture values sensitive communication style. c) Western culture values individualism to be unique and outstanding. Eastern culture values group collectivism. People are expected to be comfortably integrated into a group. To be outstanding is negatively valued. Social withdrawal or Hikikomori syndrome has been widely spread among young people in Japan and East Asia for the last 30 years. It relates to the value of Eastern culture which emphasizes inter-dependence, group harmony and parent/child relationship all through the family life cycle. The solution of the Western culture is to achieve differentiation of the individual out of the enmeshed relationship. The Eastern culture produces alternative solution of connectedness and integration.

Beyond The Therapy Room: MFT Practices In Community Settings

Leslie A. Anderson – USA

Desiree M. Seponski – USA

Short Description: The practice of marriage and family therapists in community settings is gaining support from stakeholders as they recognize the impact of treatment. However, clinicians face challenges in implementing practices in non-traditional settings. This presentation will examine these challenges and explain the implications for marriage and family therapy training programs.

Abstract: The practice of marriage and family therapists (MFTs) in community settings is gaining support from an array of stakeholders. Family-centered interventions implemented by MFTs in school settings have demonstrated effectiveness and are expanding. The systemic training that therapists receive helps them bring multiple systems together to build relationships between families, school faculty, and themselves, benefitting the student and the school system as a whole (Rayburn, Winek, & Anderson, 2016). While the effectiveness of clinicians in the school setting is apparent, this type of practice is not without unique challenges for the practitioner. According to Motes, Melton, and Simmons (1999), providing these services within the school setting qualitatively differs from the services provided in an office setting. Working in this capacity requires clinicians to take a different treatment approach. For instance, instead of focusing on the individual youth as the client, the clinician must focus on the school as a whole and allow that system to inform treatment. Similar to school-based interventions, providing in-home therapy provides an exceptional experience to clinicians. In-home interventions have been used by mental health professionals since the 1990s typically to aid distressed families in crisis. The interactions that occur between these professionals and families are often much more intensive than the client-therapist relationship that occurs in the traditional clinical setting (Hammond & Czyszczon, 2014). Providing therapy in the context of the family's home poses specific challenges, particularly in regards to structuring the services and organizing the clinician's practices. However, there is limited research available that directly addresses these differences in clinical approaches (Reiter, 2000). This brief presentation will examine the challenging experiences of marriage and family therapists providing therapeutic services that extend beyond the clinical setting into the community. The presenter will explain the implications for marriage and family therapy programs as they work to efficiently prepare students for clinical practice outside of standard clinic settings. The presentation will support practitioners committed to promoting social justice and engaging with community members by exploring the relationship between implementations of community-based services and combatting social injustices.

How My Own Pre-Death Experience Prepared Me To Work With Terminal Clients: Rethinking Life In The Process Of Dying

Jacqueline Tome – USA

Short Description: Jacqueline Tome is going to share her own pre-death experience, when she was 18 years old, how it has changed her life, and helped prepare her to work with terminal clients. She will also discuss about the challenges of working in this area with families from different cultures.

Abstract: Death and dying is still a topic that scares people from many cultures. During this presentation, you will learn about the presenter's personal story of being resuscitated during an emergency surgery when she was only 18, and how her pre-death experience changed her way of living her life. You will also learn about different cultural perspectives on death and dying and meaningful ways to address this topic as a family therapy professional.

Emotionally Focused Narrative Couples Therapy: An Integrated Model To Healing From Child Sexual Abuse

Valerie Maxey – USA

Desiree Seponski – USA

Short Description: This presentation will outline an integrated model of Emotionally Focused Couples Therapy and Narrative Therapy to maximize resilience in the clinical treatment of couples in which one or both partners identify as an adult survivor of childhood sexual abuse.

Abstract: Child sexual abuse of girls and boys is a familial, social, and community problem on national and global scales. The long-term consequences of child sexual abuse have been widely reported and include mental health problems, sexual maladjustment, interpersonal difficulties, and a higher risk for re-victimization. Because the goal for many adults is to establish and maintain a satisfying intimate partner relationship, there is enormous benefit to systemic clinical treatments to restore and optimize a survivor's ability to create secure attachments and participate in creating a mutually empowering relationship. Research suggests couples who can respond adaptively to traumatic experiences have better healing and resilience outcomes compared to couples who do not. Emotionally focused and narrative therapies have been used to treat individuals and couples recovering from child sexual abuse with promising results. This presentation will provide an outline of Emotionally Focused Narrative Couples Therapy, a theoretical integration for working with survivors of child sexual abuse in the context of couples' therapy. Due to the complex nature of trauma recovery, a clinical treatment model that integrates two successful models can better able to access and support client change. In addition, it creates more opportunities for identifying and maximizing mechanisms of resilience in the clients' life and relationships. Integration offers unique opportunity to enrich practice with the choices and flexibility necessary to optimize the stylistic strengths of the therapist, making them better able to access and engage a wide range of clients. The different modalities available through each model can become more as a unified gestalt by informing and enhancing each other's effects. Emotionally focused and narrative therapies share similar theoretical underpinnings and assumptions, making them compatible for integration and likely to increase the therapist's maneuverability. This presentation will outline the beginning, middle, and end phases of utilizing Emotionally Focused Narrative Couple Therapy with adult survivors of child sexual abuse, including overall treatment goals, and specific treatment goals for each phase of therapy. Additionally, the presentation will describe an intervention adapted specifically to this model through the use of a theoretical case study.

Engaging Religious Particularity In Spiritually Sensitive Family Therapy: A Model For MFT Training

Loren Townsend – USA

Short Description: Models of spiritually integrated therapy typically focus on universal elements of human spirituality. This can obscure the active power of religious particularity in family narratives, problems and broader relational contexts. This workshop offers a collaborative reflective process to help MFT students constructively engage specific religious narratives and practices in therapy.

Abstract: Most models proposing to integrate spirituality and therapy share a common, broad understanding of spirituality: spirituality is expressed by the natural human tendency to explore the deepest dimensions of human experience and self-transcend toward causes, meanings and realities greater than one's self. In these models, spirituality can be a resource in therapy for clients to manage personal meaning and make sense of possibilities and limitations. This universalizing approach is useful and wide enough to accommodate religious diversity. However, it can also easily side-step specific religious concerns and obscure the power of religious particularity in individual, family and community narratives and practices. This workshop presents a training model developed to help MFT students in one COAMFTE accredited program attend ethically and critically in therapy to religiously particular knowledge, narratives and practices. The model teaches students to use a collaborative, reflective hermeneutical process grounded in liberative praxis to: (1) understand more clearly how implicit and explicit religious beliefs, traditions and practices intersect with client/family problems and possibilities; (2) highlight how the therapist's particular religious location intersects with the client/family system; (3) initiate (co) constructive engagement with religious meaning and practices to enhance client/family flourishing; (4) consider how information from the reflective process may ethically inform therapy; and (5) identify ways in which subjugated client/family experience might inform or challenge dominant community religious narratives and practices. This workshop will begin with a brief PowerPoint discussion describing the model's assumptions, basic reflective framework, and expected outcomes in therapy. A case study will provide an opportunity for participants to observe a brief example of the model in action. Discussion and feedback about this evolving model is encouraged. Workshop is directed toward: • Therapists interested in spiritually integrated therapy, • Therapists who practice in religiously rich and diverse contexts, • Supervisors and trainers teaching spiritually integrated therapy, • MFT academic faculty teaching at the intersection of spirituality, religion and family therapy.

The ARISE® Model: The Role And Relevance Of Family And Family Therapy In The Origin, Prevention And Treatment Of Addiction

Judith Landau – USA

Short Description: The ARISE® Model offers Evidence-Based, Best Practice family-focused Interventions at individual, group, family and community levels that mobilize the support system to be an effective agent of survival and long-recovery for individuals, families and communities.

Abstract: The family is our integral unit of resilience and survival in times of stress and the core stabilizer of our communities. Disruption of families by trauma and stress precipitates major problems, e.g., addiction, PTSD, serious physical and mental illness. Connectedness or attachment to family and culture of origin correlate with reduced risk-taking behaviors and violence. Facilitating family, family therapy, cultural and community ties can therefore be protective against effects of trauma. The ARISE® Model works by accessing Family and Community Links to the most effective change agents in their own systems and contexts. The ARISE® Model offers Evidence-Based, Best Practice family-focused Interventions at individual, group, family and community levels that mobilize the support system to be an effective agent of survival and long-recovery for individuals, families and communities. Family dynamics and research studies will illustrate the effectiveness of the model and its methods. Studies of the Evidence-Based, Best Practice ARISE® Intervention and Continuing Care, the method used for individuals and families, was tested in a clinical trial through the US National Institute on Addiction for use with substance abusers. It was successful in engaging 84% of individuals in treatment. Subsequent studies resulted in sobriety rates of 61% at 1 year with another 10% improved, as well as an AMA rate below 2%. Extensive clinical experience and evaluation leads us to expect similar results with process addictions. The ARISE® model for intervening on individuals, families, and communities experiencing major trauma or disaster has been used in a number of countries. For example, In Argentina, within 2 years there was a 400% increase in young substance abusers and their families attending treatment. A 15-year follow-up of the community programs revealed that 86% were still functioning and that services had expanded across neighboring areas and countries. In Kosovo following the war, within a year, there was a 98% compliance with medication and attendance of schizophrenics and their families. It was also applied effectively in New York City following the terrorist attack of September 11, 2001.

Critical Factors In Substance Addiction Treatment: Asian Indian Perspectives

Sebastian Perumbilly – USA

Short Description: While substance addiction treatment research largely focuses on the developed world, treatment programs from the developing world seldom get international attention. This poster focuses on features of substance addiction treatment programs in India; and Indian clinicians' (n=112) perspectives on critical factors in addiction treatment.

Abstract: Introduction: Substance addiction is one of the largest healthcare issues confronting the world today. It causes devastating impact on those who are addicted to psychoactive substances, their families, communities, and society (Isralowitz, 2004; Orford, Velleman, Natera, Templeton, & Copello, 2013; Rowe, 2012). The most recent report from the United Nations Office on Drugs and Crime (UNODC, 2016) stated that over 29 million people worldwide are estimated to suffer from substance use disorders in 2016, and there were over 207,400 drug related deaths occurred in the year 2014 alone. According to the World Health Organization (WHO) report (2014) a total of 3.3 million deaths occurred worldwide in the year 2012 due to the detrimental effects of alcohol alone. As per SAMHSA (2015) report, over 21.5 million people over the age of 12 in the United States struggled with substance use disorders in 2014. Purpose: This study focuses on India's substance addiction treatment programs, and Indian clinicians' perspectives on five key dimensions related to enhancing addiction treatment. Research questions focused providing information on two areas: (i) available treatment services in India, and, (ii) clinicians' perspectives on five critical factors related to treatment. Conclusion: This study is the first of its kind focusing on substance addiction treatment programs in a developing country. India seems to have a comprehensive treatment agenda that is implemented consistently in urban and rural settings. Indian participants emphasized the importance of viewing addiction as a complex multifactorial issue; engaging families of the patient in treatment; having comprehensive clinical assessment and treatment delivery by a multidisciplinary treatment team consisting of both trained clinical professionals along with experienced people in recovery.

Can A Problem Be A Solution?

Moshe Almagor – Israel

Short Description: Functional-dialectic-system (FDS) approach views pathological behavior as an adaptive attempt to solve a more threatening problem. FDS uses dialectical thinking to uncover the functional aspect of behavior in a systemic context. This allows for a quick second-order change, a positive perceptual change, and an effective therapeutic outcome.

Abstract: Functional dialectic system approach is a short-term, solution focused approach. The basic supposition is that all behavior is functional and is carried out in a systemic context. The system exists to satisfy the person's basic needs for order, security, belongingness and identity. The system provides the framework needed to evaluate the function of behavior. This function maybe understood by using dialectical thinking. The essence of dialectical thinking is that conflict and change are inherent and unavoidable. This imparts a very optimistic and positive view of the person and for the prognosis. Using this approach we look at the adaptive meaning and function of a pathological behavior and help the person's become aware of the adaptive aspects of his/her behavior. The ability to see both the functional and dysfunctional aspects of behavior expands the person's view of himself/herself in a positive, adaptive way. This awareness is followed by a reduction in the experienced stress. A couple entering therapy feeling distressed and demoralized finds, within the context of good-enough joining, that what they initially considered maladaptive behavior (e.g., fights, health conditions, even pathological behavior, etc.) is now functional and helpful. This cognitive shift represents a second-order change. Realizing the dialectic meaning of the symptom frequently leads to reframing the presenting problem as an attempt to solve a more troubling problem. The underlying problem is likely to represent an existential danger for the system (e.g., Anxious behavior may be viewed as an attempt to connect with, rather than distancing from a significant person). This new perception of behavior allows for a quicker, deeper and more agreeable interpretation and understanding of the presenting difficulty.

IACASTE Information Session

Dorothy Becvar – USA

Short Description: Members of the International Accreditation Commission for Systemic Therapy Education will provide information for programs desiring accreditation as well as answer questions from programs already accredited.

Abstract: The International Accreditation Commission for Systemic Therapy Education (IACASTE) has created a Tier 1 primary level process by means of which programs in countries where such a process is not available may seek accreditation. In part one of this session the current standards will be reviewed followed by a time for questions and discussion. In part two of this session we will discuss the possibility of a Tier 2 of accredited programs with advanced education and training. Also discussed will be the fact that ICASTE also has an abbreviated process by means of which programs already accredited in the US and Canada may add this international accreditation.

Does Family Therapy Have A Place In The Developing World? Learning From Experience

Philip Messent – United Kingdom

Short Description: Family Therapy has evolved largely in Western contexts in which it forms a part of complex and overarching services. This workshop will invite participants to consider what relevance or usefulness family therapy may have in developing world countries where such services are limited in scope and this approach very unfamiliar.

Abstract: Family Therapy has evolved largely in Western contexts in which it forms a part of complex and overarching medical and social services. This workshop will invite participants to consider what relevance or usefulness family therapy may have in developing world countries where such services are limited in scope and this approach very unfamiliar. Can local mental health practitioners be trained to use family therapy models and practices effectively in these contexts, or are they 'too different'? Drawing upon 10 years of experience of delivering family therapy training in Uganda and Bangladesh, visiting these countries from a UK base as part of International Health Links supported by the UK government, the presenter will describe his learning over this time, and some key systemic and narrative principles and practices which have helped to orientate him in this work. He will address questions such as: • In teaching Family Therapy in developing world countries, how can we honour local knowledge and avoid becoming just the latest example of Western expertise being exported as if it is a universal truth? • How can Family Therapy ideas and techniques be taught in a way that makes them relevant to these very different contexts? • Are there particular models and techniques which are more or less suitable in these contexts? • Is learning from work with non-Western migrants in Western contexts helpful in knowing what will fit in developing world contexts? Participants will have opportunities to share any experience they may have of such work, and engage in an exercise aimed at exploring both the pitfalls and joys of teaching practitioners across difference in contexts and continents.

Latinas And Their Children After The Deportation Of The Father

Mariana Falconier – USA

Short Description: Eight Latinas that had remained in the U.S. with their children following their partner's deportation were interviewed in order to understand their experience of the deportation process. Loss of family and the need to protect their children were among the main themes. Clinical and research implications are discussed.

Abstract: In recent years, Latinos in the U.S. have been significantly impacted by increasing deportation rates. Given the absence of studies on the experience of the Latina women that remain in the U.S. with their children following their partner's deportation, this study aimed at exploring the experiences of those women and how they managed the deportation process applying the Double ABCX Model of Family Stress. Qualitative semi-structured interviews were administered to a community sample of 8 Latina women from the greater D.C. metropolitan area whose partners had been deported between 1 and 10 years ago. All women had at least one child under the age of 18 years living in the home at the time of the deportation. Data were analyzed using Thematic Analysis. One important theme that emerged was that for most participants the partner's deportation meant that they were no longer a family and their children had lost a father, which is consistent with Latinos' family orientation. Another theme that emerged was the increasing distance with the deportee as the deportation process was set up in such a way that communication between the deportee and the family was challenging. Another theme that emerged was the ongoing struggle for participants to explain to their children the sudden disappearance of their father in a way that would not cause further harm to the child. Despite the considerable number of financial and social challenges that began from the moment their partners were detained, these women were not focused on these challenges as much as on protecting and supporting their children, who were the main reason for overcoming the deportation experience. Other coping strategies that emerged include relying on family, friends, and religion, making efforts to maintain communication and connection with the detained or deported partner. Study limitations and implications for clinical practice and intervention as well as recommendations for future research are discussed as well.

Preparing Professional Counselors To Partner With Family Therapists As A Collaborative Systems Change Initiative

Karen Mackie – USA

Short Description: Inter-professional teams in embedded clinical settings can introduce family therapists to professional counselors. This presentation shares with family therapists how counselors integrate systems perspectives with their training in life course development to create strength based collaborative interventions for clients and effective partnerships with other mental health specialists.

Abstract: In the USA, there is a history of providing counseling and therapeutic services to clients and their families in connection with schooling, healthcare and the workplace. While family therapists may be present in all these contexts, other allied professional groups are often embedded in these contexts in greater numbers and are charged directly with providing for client needs by state or federal regulation. Recent national reform efforts have intensified aspirations to better meet the mental health and social-emotional needs of American youth and adults through further embedding health-related services, exemplified in such practices as the introduction of mental health services into schools, the inclusion of mental health treatment into primary care and the enhancement of opportunities to address psychological and social stressors within the workplace. In this reform context it has become necessary to cross-train professional helpers from all disciplines to provide coordinated and collaborative care in the most affordable way. This presentation describes the experience of designing and delivering a graduate-level course that introduces systems perspectives and collaborative practice to professional counselors who are embedded in these settings as school, mental health or employee assistance therapists. The interest of this presentation to family therapists is that the spread of systems perspectives into the training of related professions such as professional counseling, encourages more possibility of effective inter-professional collaboration in assisting culturally diverse clients within the natural settings where they have prior participation, particularly the school setting and work realm. The accredited training curriculum in professional counseling currently requires that family systems perspectives and strategies be introduced to counselors who have traditionally had primary expertise in working with individuals or small groups from a developmental, wellness and strengths-based mental health orientation. This presentation shares how such expertise can be integrated with the development of interpersonal and dynamic relationship competencies in professional counselors in ways which prepare them to be strong collaborative partners with family therapist specialists and contribute to the evolution of integrated care practices and knowledge.

Teddy Bear Therapy: Bringing The Family System Into Play Therapy

Warwick Phipps – South Africa

Short Description: Teddy Bear Therapy—as developed by Charl Vorster—involves the therapist and child telling a story about a teddy who experiences the same problem and family context as the child. Together they explore how to help the teddy bring about changes in the teddy's family, thereby, facilitating change systemically.

Abstract: Play therapy is a form child psychotherapy that has evolved as a non-threatening and creative way of engaging the child. One of the inherent difficulties in play therapy, however, is how to apply family system principles in a systematic and meaningful way. One novel development in this regard is Teddy Bear Therapy (TBT). TBT was developed by the late, Charl Vorster who continued to develop an integrative, interactional approach to family therapy. Drawing on the person-centered, communication, and general system approach as well as Gardner's Mutual Story Telling Technique, TBT involves the therapist and child telling a story about a teddy who is experiencing the same presenting problem and family context as the child. As the story is told over various sessions, therapist and child explore how to help the teddy and how to bring about changes in the teddy's family system. By engaging the child as a mutual storyteller, the child's role shifts from the one needing to be helped to that of a mutual helper. This empowers the child and the therapy becomes a fun, creative, and safe way of bringing about change in the family system.

Afectaciones De Victimas Y Excombatientes Del Conflicto Armado En Colombia Y Transito Hacia El Post-Conflicto Desde Las Narrativas Y El Diagnostico Relacional Familiar

Rocio Venegas Luque – Colombia

Short Description: Las comprensiones y elaboración de un modelo para la evaluación eco-sistémica relacional de familias, derivan de reflexiones teóricas y experiencia en el trabajo con víctimas y excombatientes del conflicto armado Colombiano. La evaluación/intervención apunta a cambio de primer orden.

Abstract: El trabajo se realiza con el apoyo de la Fundación Universitaria Los Libertadores - Facultad de Psicología. Las comprensiones y elaboración de un modelo para la evaluación eco-sistémico relacional de familias se derivan de reflexiones teóricas y experiencia en el trabajo con víctimas y excombatientes del conflicto armado Colombiano. El estudio que se realizó fue de tipo cualitativo y comparación de casos. Permite reconocer la importancia de evaluar las familias que han vivido el impacto de la violencia derivada del conflicto armado y reconocer sus afectaciones, independientemente de la definición de un diagnóstico clínico, para encontrar elementos que permitan redefinir el lugar que ocupan las situaciones problemáticas, de víctimas y excombatientes en el sistema familiar. Esta manera de acercarse a las familias, permite a profesionales con un entrenamiento básico, identificar las realidades psicosociales en las cuales se inscribe un pasado con hitos establecidos por los hechos de violencia, un presente insatisfactorio que esta articulado a los significados asociados al conflicto y la redefinición de un futuro posible, desde la comprensión de sus dificultades y la utilización de sus recursos. El modelo, incluye un promedio de cuatro encuentros que permiten la elaboración de recursos para la auto-observación, elaboración de medios narrativos con fines de comprensión y externalización de los problemas que registran las personas y/o sus familias; estrategias relacionales y narrativas para la construcción de posibles soluciones, identificación de recursos desde el nivel individual, familiar, de la red social. El modelo es fácilmente replicable, lo cual es positivo para la posibilidad de trabajo con personal de salud, en particular psicólogos y trabajadores sociales, mediante un entrenamiento breve, de manera que puedan abordar familias en regiones distantes de los centros urbanos, en los cuales se ha vivido el conflicto colombiano.

Obesity Is A Family Affair: The Need For Family Systems Thinking In Obesity Interventions For Children

Patricia Goodspeed-Grant – USA

Short Description: Obesity is frequently shared by family members. The family of origin is where functions of food are first experienced. Family mealtimes can be stressful or peaceful, which in turn influences how children experience the meaning of food and eating. Systems interventions that involve the family have shown some promise.

Abstract: Obesity is rising globally despite the proliferation of research and intervention programs that promise improvement. Not only are there more individuals who are categorized as overweight or obese, the magnitude of obesity is also increasing. The origins of obesity are complex. Such factors as genetic predisposition, environmental factors, modern lifestyle, and environmental toxins have all been implicated. This increased instance of obesity has several implications. For example, it has been estimated that the current generation of young people may experience shorter lifespans than their parents because of the health implications of obesity. Beyond the health implications, however, are the personal costs associated with obesity. Obese individuals experience shame, guilt, and sometimes self-hatred as a result of their appearance. Obese individuals are discriminated against in employment, health care settings. Interventions come from a variety of sources: medical offices, for-profit weight-loss programs, and self-help groups are examples. Despite initial successes, most individuals most often regain the weight lost. Perhaps one reason for failure of these approaches lies in the fact that humans are not computers that analyse food in terms of calories and nutritional value. There is a social and cultural history where food and eating takes on many meanings. For example, food serves a biological need, but it is also to celebrate special occasion; it is comfort; it represents prosperity and cultural traditions. The family of origin is where these functions of food are first experienced, so one could say that children learn how to eat in the context of the family. Family mealtimes can be stressful or peaceful, which in turn influences how children experience the meaning of food and eating. Research has indicated that it is important that families be included in treatment, and that family values regarding treatment in children is important to take into account. Family system interventions, rather than individual ones, can account for the multiple systems in which individuals live. The focus is not identifying an individual that serves to produce guilt and shame, but to seek to support the family in identifying and adopting healthier lifestyles.

Integration Of Family Therapy And EMDR: Panic Disorder Case

Emre Konuk – Turkey

Zeynep Zat – Turkey

Short Description: Throughout the presentation the main aim is to show that family therapy interventions are effective in the treatment of symptoms such as anxiety, losing control, having a heart attack, "going crazy", and depersonalization, avoidance of particular places or situations from which escape might be difficult (or embarrassing).

Abstract: Panic disorder with agoraphobia can be a good example of the psychological problems that have major effects on relationships within a family. Since the clients experience recurrent unexpected attacks, they need to organize their life accordingly. So that, other family members require planning their days and daily lives to prevent the attack from recurring. In this presentation participants will find how 'family therapy' is effective in the treatment of panic disorder with agoraphobia and how another psychotherapy technique, Eye Movement Desensitization and Reprocessing, (EMDR) can also be integrated into family therapy only to intervene a past trauma. They also will be informed about the case formulation and developing a treatment plan focusing boyh relationship and traumas. Additionally, participants will watch a video demonstrating how to work with a client diagnosed with panic attack. Throughout the presentation the main aim is to show that family therapy interventions are effective in the treatment of symptoms such as anxiety, losing control, having a heart attack, "going crazy", and depersonalization, avoidance of particular places or situations from which escape might be difficult (or embarrassing).

The Integrative Interactional Approach: A Cornerstone In Family Therapy

Warwick Phipps – South Africa

Short Description: The integrative interactional approach assumes that how we relate determines the quality of our wellbeing: Effective interaction leads to enhanced wellbeing and ineffective interaction the opposite. This integrative approach incorporates a person-centred way of engaging relational systems and noting of circular communication patterns within the context of the problem.

Abstract: The integrative interactional approach rests on the idea that how we relate or interact with one another determines the quality of our wellbeing. Integrating developments in the person-centred, communication, and general system approach, the integrative interactional approach in family therapy highlights that to the extent that the interaction between individuals within a given context is effective—that is, appropriate and optimal—is the extent to which individuals' subjective experience is enhanced. In contrast, ineffective interaction yields reduced wellbeing that can lead to, what is traditionally referred to as, psychopathology or more appropriately relational pathology. The integrative interactional approach incorporates a person-centred way of engaging relational systems, careful noting of circular communication patterns and their effects with the context of the presenting complaint of one or more members of the system. Special emphasis in this approach is given to the systematic observation of interaction and patterns of interaction that are consistent with the subjective reports of difficulty or relational pathology. Treatment goals are tailored to bring about shifts in ineffective interactional patterns to more effective and, thus, healthy ones.

Family Stress And Adaptation Of Low Income Families

Cecilia Cracco – Uruguay

María Luisa Blanco - Uruguay

Short Description: Family stressors, resources, cohesion, flexibility, communication, coping strategies and family satisfaction were studied in a sample of 546 families of different socioeconomic status. Descriptive analyzes, correlational and multilevel studies were made to determine which variables of family dynamics and socio-economic context are associated with increased accumulation of stressors.

Abstract: Families in poverty face multiple challenges. The family stress and adaptation models showed that the pile-up of stressors over time increase the vulnerability of family systems. This research aims to identify characteristics and family processes that could explain greater or less accumulation of stressors on families in poverty in the early stages of the life cycle. Stressors, family resources, cohesion, flexibility, communication, coping strategies and family satisfaction were studied in a sample of 546 families of different socioeconomic status from Montevideo, Uruguay. Descriptive analyzes, correlational and multilevel studies were made to determine which variables of family dynamics and socio-economic context are associated with increased accumulation of stressors. Finally, the results obtained for families of low socioeconomic status, were compared with a clinical sample of 140 families from the same socioeconomic status. The results show the importance of understanding family variables that are associated with the greatest accumulation of stressors that characterizes families in poverty and that makes complex psychological interventions.

How Long Do I Have To Wait To See You? Stories Of Loss And Stories Of Hope

Viviana Azar – USA

Teresa Tudder – USA

Short Description: The dreams and challenges that Central American families experience as they immigrate to the United States. An integrative approach that includes trauma informed models of therapy and family therapy to work with families and their children that experience attachment disruptions as a result of long term separation from their parents.

Abstract: The goal of this presentation is to highlight the recent trends in the delivery of mental health services to newly arrived immigrant children and youth and their families incorporating an integrative model of therapy that includes Falicov's multidimensional, ecosystemic, and comparative approach to working with Latino families and trauma informed models of therapy. Montgomery County, Maryland is one the wealthiest and most diverse counties in the United States. Immigrants have been coming to Montgomery County for many years. Central American immigrants are one of the largest number of immigrants among them. In many cases, first one or two parents immigrate searching for a better future for their families and escaping violence and/or poverty. Once, parents settle down and find work, they begin to save to bring their children to join them. From the moment the parents arrive, many of them keep their children in mind as their main reason to survive the challenges of the new culture and work extremely hard in spite of sometimes not residing legally in the US. On the other hand, children may have different experiences staying behind depending on who cared for them and how connected they stayed to their parents. In addition, the process of reunification may take years to fulfill especially now that undocumented immigrants have no legal means to obtain permanent residency in the United States. Regardless, families continue to risk crossing the border illegally in search of safety and a better life. Most recently, many of the newly arrived immigrants have been unaccompanied children who are escaping violence in their country of origin, experiencing hardships during their journeys and as they cross the border. Some have been reunited with their families while others have to find the resources to live on their own. Through case presentations the therapists will walk through the process of assessment and clinical interventions that best fit their clients whether they were reunited with their families or not. Treatment may include not only working with the youth and their families or caregivers, but also collaborating with the schools and other community agencies.

Familias Fragilizadas En Uruguay: Perspectiva Sobre El Consumo Problematico En Uno De Sus Miembros

Bettina Delisante - Uruguay

Maria Luisa Blanco - Uruguay

Short Description: Investigación cualitativa sobre la representación que las familias tienen sobre el uso problemático en uno de sus miembros en tratamiento en la ciudad de Montevideo-Uruguay en el marco de la investigación "Características de las familias en contextos de América Latina", coordinado por el CCR-FIUC (universidades de Brasil, Colombia, Chile, Paraguay y Uruguay).

Abstract: Dentro de la investigación "Familias Fragilizadas en contextos Latinoamericanos" coordinada por el CCR-FIUC, (Universidades de Brasil, Colombia, Chile, Paraguay y Uruguay), el grupo de investigación de la Universidad Católica del Uruguay se focalizó en el estudio de las familias con por lo menos un miembro con uso problemático de drogas. Dentro de esa investigación y en el contexto de una tesis de maestría se profundizó en la representación que tienen las familias sobre el uso problemático en uno de sus miembros en tratamiento sin hospitalización, en instituciones públicas o privadas de la ciudad de Montevideo. Fue usada una metodología de investigación cualitativa. El estado del arte de esta investigación se refiere principalmente a la variedad de consumos, diferentes tipos de configuraciones familiares y los cambios existentes en Uruguay con respecto a este tema en los últimos años ya que la producción existente no hace referencia a la mirada desde el interior de la familia sobre este tópico. La investigación original incluye dos fases: a) entrevistas en profundidad con informantes calificados y b) historias de vida de familias con un miembro en tratamiento. Nuestro trabajo fue realizado con el material obtenido en esta última fase. Análisis de contenido y enunciados, genograma, línea de vida y mapas conceptuales, emergen de la mirada de los participantes de las 2 fases. Los hallazgos presentados muestran grandes discrepancias sobre el significado que le dan a la adicción y las formas de actuar frente al miembro adicto, especialmente en cómo afecta esto a la dinámica relacional de los padres y la comunicación entre los distintos subsistemas. Las conclusiones contribuyen al concepto de fragilización en las familias uruguayas y a aportes con respecto al trabajo con dichas familias.

Counselors' Comfort With Discussing Emotional Intimacy And Their Own Fear Of Intimacy

Kenika Holloway – USA

Short Description: This presentation focuses on the correlation between counselors' own fear of intimacy and their comfort in discussing emotional intimacy with their clients. Since, unmet emotional needs in relationships is a common issue, counselors who struggle with self-assurance with discussing intimacy concerns can potentially impact the growth of their clients.

Abstract: The conceptual framework for this study was the idea that counselors' comfort with broaching emotional intimacy issues with couples is related to counselors' own fear of intimacy. A considerable amount of research has been completed regarding counselors' comfort with sexual issues, but little research has been conducted to investigate counselors' comfort with discussing emotional intimacy nor the possible mediating influence of counselors' personal romantic relationship in their decision to explore the topic. Since couples are more likely to initiate counseling for interpersonal problems relating to communication, infidelity, or financial mismanagement; counselors that solely focus on these problems may miss the mark of a much deeper issue pervading their clients' relationship. "Emotional intimacy is defined in behavioral terms as mutual self-disclosure and other kinds of verbal sharing, as declarations of liking or loving the other, and as demonstrations of affection such as hugging and nongenital caressing" (Lewis, 1978). Couples in relationships that have emotional intimacy report being happier, healthier and less stress. On the other hand, relationships lacking emotional intimacy often ends in divorce and have psychological distress such as depression, anger or anxiety in one or both partners. Descutner & Thelen (1991) explains that intimacy has been accepted as a human need that is essential to psychosocial adjustment and mental health, yet many individuals have an inability to share significant feelings and thoughts to someone they hold in high esteem. This fear of intimacy is a barrier for closeness in relationship. Some barriers to intimacy include past trauma, insecure attachments, gender socialization, fear of abandonment or loss of self, and hurt from previous relationships. Since, counselors pull from past experiences as well as theory when supporting clients, it is important for counselors to be aware if they are avoid exploring intimacy issues with client because of their own inadequacy or history. The study is aligned with ethical obligations of counselors to know thy self, seek personal therapy and utilize supervision.

Human Systems Therapy: Significant Outcomes After Thirty Five Years Of Development

Nicholas Paritsis - Greece

Short Description: The first research work using HTS realized at 1982, presented at 1987, and then the author has been invited to be a founding member of EFTA. HST is based on general systems principles and cybernetics. The core interventions use a large number of techniques, where researches showing a high effectiveness.

Abstract: The aim of this work is to present the development, foundations, applications and research of Human Systems Therapy (HST), over the last 35 years. Introducing HST, it is an application of general systems and cybernetics in psychotherapy. The first practical application was in 1982 at larger than family systems, to reduce violence. The results were significant and the senior author invited to be a founding member of European Family Therapy Network. Theoretical foundations are based solely on general systems and cybernetics. They include: o multilevel definition of the open (living) system that facilitates therapy at individual, family and larger systems levels, using the same methods of change. o a model of human systems intelligence based on living and control systems o improvement based on the increase of variety and order o a human systems epistemology including first and second order cybernetics. o intervention on relations within and between levels of human systems The techniques are based on the above foundations, developed gradually and are numerous, The applications are on issues related to: o individuals, concerning psychiatric, developmental, psychological and psychosomatic cases o couples and families o schools, o family companies Research trials important for testing the validity of the theory and the effectiveness of interventions, with statistical significant results are: o reduction of teenager's aggression at an institution, after 19 interventions within three weeks o 39% reduction of psychotic symptoms in schizophrenics, after 8 interventions. o 50% of the patients from a psychiatric hospital ward, being 53 years old on average, after 23 years of hospitalization, discharged permanently. o a group of adolescents stopped using hashish after 8 interventions. o improvement of adaptive functioning, in profoundly retarded adults, 3 times more than in other similar studies. o stop of using restraint at an Intensive Care Psychiatric Unit o reduction of 75% of symptoms in light psychiatric cases, and significant improvement of family functioning, after 4 interventions. Summing up, continuous development of HST from abstract systems principles through numerous techniques, resulted to high effectiveness. Reference Paritsis N. (2010) Human Systems Therapy, Syst. Res. 26, 1-13 .

The Gift Of Proximity: Lessons Learned From In-Home Therapy Services

Carolina Utz – USA

Short Description: Learn the intricate dynamics of in-home therapy services through the experience gained from working with families of adolescents in the Juvenile Justice System. We will explore the topics of safety, social justice, gangs, human trafficking, and self-care. Attendees will receive different therapeutic skills to promote hope and change.

Abstract: This presentation was designed for the family therapist who wishes to learn what to consider when offering in-home services. Community-based programs are increasing in popularity across the United States, and family therapists are playing an important role in this development. The specialization of Systemic Therapy continues its expansion from the traditional office through on-line services and now reaches the home of clients in the heart of the communities. This nontraditional service has recently gained greater appreciation for its effectiveness in reaching and treating low-income families. The presenter will share cases to exemplify and illustrate the complex scenarios a professional can find when entering unknown territory. These cases are based on experience acquired while working with adolescents and families involved in the Juvenile Justice System in Tarrant County, Texas, USA. In most cases, family therapists who work with clients on probation or parole find a combination of problems under one roof, including but not limited to: family violence, racial tension, gang violence, addiction to multiple substances, human trafficking, and multi-generational trauma. This line of work also extends to the Juvenile Justice Courts where the professional input of the therapist plays a significant role. Professionals attending this presentation will receive practical therapeutic tools to successfully navigate the challenges of delivering services at home. Furthermore, the opportunity to connect with clients, at this level of proximity, can be a test to professional endurance. However, those who persevere receive an unparalleled gift that can only be matched by the satisfaction of knowing they are bringing hope, justice, and healing to the most vulnerable members of the community.

Editors And Publishers Meeting: International Journals Of Relationships, Family Therapy And Family Psychology

Christian Jordal – USA

Abstract: In this meeting, Editors of relationship, family therapy, and family psychology journals will discuss individual and global issues related to journal publication, including but not limited to marketing, management, and current publication trends. Journal publishers are also welcome.

Mindfulness Tools In Schools And Homes: Opportunities, Benefits And Challenges

Stefanie Haug – USA

Ingeborg Haug – USA

Short Description: Mindfulness approaches are receiving growing attention in mental health and education. This workshop will review a number of school-based mindfulness programs and interventions, their benefits and constraints, provide examples and interactive exercises demonstrating implementation, as well as discuss the desirability of family education and involvement.

Abstract: In this interactive workshop we will consider how mindfulness is being introduced to children and families through school interventions. Informed by on-the-ground experience and training with schools, we look at the emergence and structure of school-based programs that are currently trending in the U.S. and in Europe. What is driving this growth? What are the structural and policy factors that need to be taken into account? How can families and schools partner in promoting mindfulness as a tool toward wellness? What is the research evidence for the benefits to students, class rooms and families? This workshop will include practical, experiential illustrations of school-based mindfulness tools.

Family Therapy For Patients With Progressing Cognitive Decline: A Study Of Ambiguous Loss And The Stages Of Grief

Jonathan Wai – USA

Margarita Kats – USA

Christopher Aloezos – USA

Short Description: Ambiguous loss is a relational disorder that can commonly occur in families that have a member suffering from any form of cognitive decline. We present a case series exhibiting the dynamic issues that arise in conducting family therapy with a dyad where one member has a clear decline in function.

Abstract: Ambiguous loss is a relational disorder that can commonly occur in families that have a member suffering from any form of cognitive decline that complicates the grieving process. In this case, the person's physical presence is still prominent; however, their psychological presence is missing. Ambiguous loss can lead to unresolved grief through arrest of the grieving process and inability to progress with closure. In families with a family member who is declining through a neurological or psychiatric problem, the issue of unresolved grief can be compounded by the duty to continue to look after the ambiguously lost loved one. We present a series of four cases exhibiting the dynamic issues that arise in conducting family therapy with a dyad where one member has a clear decline in function. We explore the relational changes that happen in 3 different clinical scenarios: 1) two cases with cognitively deteriorating matriarchs, 2) a daughter with worsening psychotic illness and her caretaker-mother, and 3) a patient with Wernicke's Encephalopathy who is struggling to cope with the loss of her own faculties as well as abandonment by others. Ambiguous loss is evident in all of these cases, and family therapy has been integral in bringing to light the issues that plague these families. Family members may often be arrested in the more malignant stages of grief – denial, anger, and depression – and have great difficulty advancing to acceptance. In these cases, finding meaning has been essential to the progress of therapy, and therapy is often arrested where that is absent. We discuss the dynamics of participation in family therapy – when to include the patient, and when to decide if the patient's cognitive ability precludes them from joining in regular sessions. We will also focus on the central issues that frequently arise during the course of family therapy, including unresolved family conflicts, resentment, and ongoing loss. These four cases will highlight the challenges that come with family therapy related to ambiguous loss, but will also bring to light the progress and healing that can occur within the family.

Navigating Societal Marginalisation In The Context Of Therapy. What Place Do Personal, Political And Spiritual Values Have In The Consulting Room With Refugee Young People And Does This Extend Beyond The Therapy Room?

Máire Stedman – United Kingdom

Short Description: Is it possible to construct narratives across cultures? • Significance of a trusting relationship • Cultural and spiritual influences facilitating or hinder coping • What are models of engagement that most facilitate therapeutic change & where do concepts such as PTSD, spirituality and culture-bereavement fit in the context of collaborative self-empowering practice?

Abstract: Navigating societal marginalisation in the context of therapy. What place do personal, political and spiritual values have in the consulting room with refugee young people and does this extend beyond the therapy room? Presenter Máire Stedman Consultant systemic psychotherapist The author has extensive therapeutic experience of working collaboratively with unaccompanied refugee young people around their experiences of torture, organised violence and imprisonment, and, in some cases, of being a child soldier. Therapy has taken place at the Medical Foundation for the Care of Victims of Torture; the Refugee Council and more recently at the Helen Bamber Foundation, with young people from refugee and asylum seeking communities. The following areas will be addressed: • Is it possible to construct a narrative across cultures, spiritual belief systems and life experiences in the context of a culture which excludes and dehumanises? • The significance of a trusting relationship as a means of facilitating therapeutic change. • Cultural and spiritual influences that may facilitate or hinder coping efforts in a given context – developing a secure and positive identity, based on culture of origin and spiritual beliefs, as well as learning the 'language' and meanings of the new culture in order to facilitate a sense of integration. • The use we make of particular models for understanding young people's experiences will determine the kind of therapy that we provide. What are the models of helping and therapy that most facilitate the therapeutic change and where do concepts such as post-traumatic stress disorder, spirituality and culture bereavement fit in the context of collaborative and self-empowering practices? Despite the gravity of the circumstances, humour, culturally appropriate metaphors, and a willingness to engage in the re-authoring of stories and therefore of lives, has taken place in a context of great sensitivity to culture, spiritual beliefs, life experiences and losses.

Attachment Based Family Therapy, The First Session

Magnus Ringborg – Sweden

Short Description: Attachment based family therapy, ABFT, is an empirically supported manualiserad therapy for depressed and suicidal adolescents. The workshop will show in roleplay step by step how the first session is conducted.

Abstract: Attachment based family therapy, ABFT, is an empirically supported manualiserad therapy for depressed and suicidal adolescents. The workshop will show step by step in roleplay how the first session is conducted. The steps are joining, mapping the depression and deepening the vulnerable emotions. Shifting to relations and mapping attachment ruptures. Contracting for family therapy. The workshop participants will get an in vivo experience of how a session will proceed. The presenter is a senior supervisor and trainer of family therapists in Sweden. He was trained in ABFT by Guy Diamond and his coworkers at Drexel University, Philadelphia.

Quantitative Research Design On Cuban Immigrant Families In South Florida

Nelson Perez – USA

Short Description: This work presents a quantitative research design that proposes the study of psychosocial factors, based on an investigation carried out with Cuban immigrant families between 1996 and 2002 in South Florida, USA. A structural equation modeling strategy was employed, making possible a complex and systemic analysis of the related variables.

Abstract: The Cuban migration process to the United States and other countries has had a sustained and complex character for almost six decades, having different psychosocial impacts within the immigrant families themselves, in the original country, and settlement communities. A clear and eloquent example of this is South Florida, where more than 2 million Cubans have settled, making of Miami currently the second most important city, after Havana, of this ethnic and socio-cultural group. In this research, several statistical criteria will be applied to a longitudinal study carried out with 1093 Cuban immigrant families settled in South Florida [Children of Immigrants Longitudinal Study (CILS, 1991-2006)], with the aim of identifying and describing, through a structural equation modeling strategy, how the perception of social discrimination has impacted the parents' self-esteem and depression, and how these variables are related to children's depression and academic results in the school. Through this design, will deepen the knowledge of certain migratory experiences that have been present in these families through their integration in the new society, in particular their perception of the environment and social discrimination, and how this variable has been related to family dynamics between parents and children, mediated by self-esteem and family cohesion (complex model). This research can contribute valuable knowledge in the fields of family migration and therapy, allowing analyzing how these families have experienced their cultural adaptation in terms of acceptance, discrimination, insertion, and potential development. It is believed that the present analysis also has the strength to be able to establish relationships between parental and adolescent children variables, enabling the knowledge of family dynamics in families with immigrant second generation children (was born in the new country or brought at very early age) that are in the midst of several family and psychosocial processes related to adaptation and social integration. Also it could be analyzed how the environment has influenced self-esteem and family relationships and whether or not they have become protective factors for these families. Finally, it can be hypothesized about certain community resources and/or services that could favor effective experiences for individuals and families in the analyzed process.

People On The Move: Mental Health And Psychosocial Interventions For Refugees

Cansu Alozkan Sever – Turkey

Short Description: Reports show that 65.3 million people left their homes due to conflict in 2015 (UNHCR, 2016). Increasing numbers underline the need for tailoring mental health and psychosocial interventions for people on the move. This workshop aims to introduce mental health needs of refugees and MHPSS practices from the field.

Abstract: During the times of the humanitarian crisis such as refugee crisis that we are currently facing with, planning and carrying out mental health and psycho-social interventions plays a crucial role. This workshop aims to introduce practices from the field as well as important things to consider while doing mental health work with the refugees. The first part of this workshop will be focusing on more general introduction about the mental health needs of refugees with a special focus on the emergency settings. This first part will also focus on the main concepts about these services, important things to consider and the psychosocial needs of refugees who may be at risk for, or are experiencing an emotional. One of the main challenges working with refugees is the fact that mostly the therapists do not share the same language with the clients. How to overcome this issue and how to most effectively work with the interpreters is also another topic that will be addressed in the morning session of the workshop. Finally having a more holistic approach towards the mental health interventions designed for refugees and the importance of this will be discussed. The workshop will also include case discussions. Participants will break into different groups and work on case examples from the field. The main aim of this interactive part is to both provide case examples that colleagues can come up with while working with refugees and also to share experience and knowledge between different participants. Working in the humanitarian field and working with possibly traumatized individuals also poses a threat for extreme stress on the caregivers. And the last part of the workshop will focus on self-care. While creating mental health programs and treatment plans for refugees, caregivers should also create ways to cope with their own stress. In this last part of the workshop, concepts related with vicarious traumatization as well as self and staff care practices will be discussed.

Family Therapy In The “Majority World”: Creating And Adapting Models To Fit Non-Western Contexts

John Miller – China

Short Description: Most models of family therapy were developed in the West, where only 15% of the world's population resides. We will explore the utility of adapting Western family therapy for “majority world” contexts where over 85% of the Earth's population reside. Several case examples from Asia will be discussed.

Abstract: Global epidemiologists predict that untreated mental health issues will be the leading factor in the overall burden of disability for the world's population in the coming decade, especially in non-Western contexts. Most models of family therapy were developed in the West, where only 15% of the world's population reside. These models do not always fit in non-Western contexts. This presentation will explore the utility of adapting Western family therapy for “majority world” contexts where over 85% of the Earth's population reside. For many of these contexts the idea of therapy and how it might be useful is not commonly understood by the population. In some cultures traditional concepts from Western therapy are illogical or even bizarre (i.e. differentiation, boundaries, self, romantic love, etc.). Several case examples from China, Cambodia, and Southeast Asia will be discussed in an effort to conceptualize and promote new ways of addressing the growing mental health needs of the “majority world”.

The Utility Of Short-Term Trauma-Focused Family Therapy: A Case Series

Olga Briklin – USA

Short Description: This case series highlights family therapy techniques utilized in 3 child and adolescent family therapy cases, all of which showed improvement when trauma-focused treatment was incorporated into previously obstructed family work.

Abstract: Objective: To provide a framework through which therapists can augment individual or family therapy by integrating trauma-focused family therapy. Description: The first case describes the approaches found useful in a case of prolonged physical abuse of an adolescent by a relative. In mobilizing the adolescent's mother through trauma-focused family work, a breakthrough was reached as both mother and daughter were able to connect and align their respective childhood experiences. The second case focuses on applying short-term trauma-focused family therapy to an individual therapy case of an adult woman who was abused as a child. After two years of individual therapy, she had made little progress, until her adolescent daughter was integrated into the patient's treatment. Working to identify their respective traumatic histories allowed the patient to find a parallel between her own abridged childhood and the emotional trauma that her adolescent daughter was facing. Their relationship was ultimately strengthened through brief trauma-focused work, and the patient's individual treatment was also positively impacted. The final case highlights the difficulties encountered in working with a family fragmented by the loss of a child to suicide. The identified patient, a pre-adolescent, was heavily triangulated in the conflict between her two separated parents. She developed a pattern of depressive symptoms coupled with suicidality, paralleling the symptoms that originated in her deceased sibling. Family therapy was applied, with a focus on helping all three parties cope with their trauma. Shortly after, this previously parentified pre-adolescent had shown progress in individual treatment and had resolution of suicidal thinking. Summary: This case series serves as a valuable tool to help family therapists re-evaluate therapy approaches in stalled cases. It highlights the importance of conceptualizing family work in the context of potential family trauma, with a particular focus on child and adolescent trauma. The discussion describes strategies that have been useful in working with traumatized families to create a potential breakthrough in treatment.

The Importance Of Social Work Role With Special Education Students In Primary Integrated Schools In Riyadh

Mansour Aldehaiman – Saudi Arabia

Iqbal Saleh Alhujaylan – Saudi Arabia

Abdulaziz Abdullah Aldakhil – Saudi Arabia

Abstract: Importance of social work role with special education students in Primary Integrated Schools in Riyadh, from the perspective of principals and special education teachers. The sample consisted of 177 individuals. It aimed to: - Clarify the actual and expected role of the social workers role with special education students, their families, and other students toward their special education peers. - Identify whether there is a statistically significant difference between the principals and teachers perspective of the actual and expected role of the social worker.

Social Workers' Training Needs In Courts

Norah Alsowayan – Saudi Arabia

Rawan Alfayez – Saudi Arabia

Abstract: This study aimed to explore the training and skills requirements for social workers in courts through therapeutic theories and models. Moreover, the study also examined the administrative necessities which are essential for their field, in addition to providing a proposal for a training program for court-related social work amenities. This is a descriptive with a sample of 195 social workers. The complete census method was used to select the sample from all regions in Saudi Arabia. A questionnaire was implemented as a principle method for collecting data. Subsequent to data collection and analyses, results were as follows: 1- Most therapeutic methods that social workers need to be trained on are: family therapy, psycho-social therapy, cognitive behavioral therapy. 2- The following therapeutic theories were shown to be most effective in court-related social services: behavioral theory, role theory, functional theory, theory of formats, theory of self psychology, psychological counseling and guidance theories. 3- Data showed that understanding the cause and nature of the family problems, identifying available social services, listening, and recognizing the appropriate professional intervention model to each client are key skills to social workers in court. 4- The most necessary administrative requirements are: appropriate work space, resolve the problems of paper-work complexity. 6- Data showed that the allocated time for training social workers is inadequate. As concluded there is a great need to implement a training program that address the present issues that social workers are facing in court-related service in Saudi Arabia.

IFTA LEADERS

Meet International's Family Therapy Association's distinguished Board of Directors and Officers who are leaders in the family therapy field in their respective countries and recognized around the world.

IFTA OFFICERS



Ruth Casabianca
President
PhD, Argentina
(2015 - 2017)



Warwick Phipps
President-Elect
PhD, South Africa
(2017 - 2019)



Anna Low
Recording Secretary
MSocScc, Singapore
(2014 - 2017)



Desiree Seponski
Treasurer
PhD, USA
(2016 - 2018)

DIRECTORS AT LARGE

2014-2017 Term ends June 30, 2017

Dorothy Becvar, PhD, USA
Joyce Ma, PhD, Hong Kong
Jake Johnson, PhD, USA

2015-2018 Term ends June 30, 2018

Reggie Berger, PhD, Switzerland
Gloria Baldwin Schultz, MPS, Canada
Tamura Tekeshi, MD, Japan

2016-2019 Term ends June 30, 2019

Ozge Alkanat, PhD, Turkey
Kathlyne Maki-Banmen, MS, Canada
Anibal Torres, PhD, USA

CONGRESS STAFF



John Lawless
Program Chair



William Hiebert
General Secretary



Doug Tschopp
Event Manager



Fred Jefferson
*Congress CFO,
Membership Director*



Christian Jordal
*Editor,
Journal of Psychotherapy*



Jake Johnson
*Editor,
Research in FT e-News*



Chelsea Mentado
Event Coordinator



Alyssa Mish
Event Coordinator



2017 Annual Meeting & Open Conference

Innovation: Family Therapy Today and Tomorrow
May 31–June 3, 2017
Sheraton Society Hill Hotel, Philadelphia

OPEN TO ALL -- CE CREDITS WILL BE OFFERED

Why AFTA?

“The conference is structured for dialogue and intimacy, something you cannot find at other conferences. AFTA feels like home.”

The unique history of family therapy has positioned the field for years of success. To continue its long-lived legacy of being at the cutting edge of mental health research and clinical work, we must embrace our bravery as a field to traverse uncharted territories in contributing to the mental, emotional and relational well-being of individuals, couples and families. Integrating our many roles and identities as educators, scholars, researchers, clinicians and global citizens requires a space to learn and model ways to further innovation and creativity in our work as relational educators, healers and researchers.

- As a field, how are we making the future family therapy proud of our contributions to the healing of our society?
- What innovative work are we doing today in the classroom, outside the classroom; in the therapy room, out of the therapy room; and in research?
- And how would these innovative works define the future of family therapy?

Join us at the 2017 AFTA conference to advance an innovative and creative family therapy for today and tomorrow.

Plenary Speakers include:

- | | |
|--|-----------------------------------|
| ▪ Khawla Abu-Baker, Ph.D. | ▪ Kumeelah Mu'Min Rashad, M.Ed. |
| ▪ Saliha Bava, Ph.D. | ▪ Jelisaveta-Sanja Rolovic, Ph.D. |
| ▪ Brian Distelberg, Ph.D. | ▪ Howard Stevenson, Ph.D. |
| ▪ Jacqueline Hudak, M.Ed., Ph.D., LMFT | ▪ Michael Tierney, M.A. |
| ▪ Elijah Nealy, M.Div., LCSW | ▪ Erica Wilkins, Ph.D., MFT |
| ▪ Mary Olson, Ph.D., LICSW | |

For more information, go to our website, <http://www.afta.org/conferences> or contact the AFTA Office at (978) 914-6374 or afta@afta.org.

Satir Institute of the Pacific Announces the 2017 Summer Intensive Programs in Transformational Systemic Therapy

Level II Advanced (Pre-Requisite Level II) 7 Days

June 11 to 17, 2017

Bethlehem Retreat Center, Nanaimo, BC Canada
With Kathylyne Maki-Banmen, MA, RCC and
Linda Lucas, LCPC, Clinical Professional Counsellor

Level II (Pre-Requisite Level 1) 10 Days

July 4 to 13, 2017

Trinity Western University, Langley, BC Canada
With Kathylyne Maki-Banmen, MA, RCC

Level I 10 days

July 29 to August 7, 2017

Trinity Western University, Langley, BC Canada
With Kathylyne Maki-Banmen, MA, RCC



Register Now:
www.satirpacific.org
admin@satirpacific.org
1-604-634-0572

Continuing Education
Credit Hours Available



satir institute
of the pacific
be inspired

Revised on 25 September 2017

25th IFTA World Family Therapy Congress - March 16 - March 18, 2017 - Málaga, Spain